

No. W 65524	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2013			2. Registered Agent and Office (NOT A P.O. BOX) LARRY BULL 545 NORTH 100 WEST JEROME ID 83338		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. DAIRY REPLACEMENT SOLUTIONS, LLC MICHELLE BULL 545 NORTH 100 Po Box 5064 JEROME ID 83338 Twin Falls, ID 83301			3. New Registered Agent Signature.		
REINSTATEMENT FEE DUE: \$30.00						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Larry Bull	545 N 100W	Jerome	ID	Jerome	83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:			6.			
IDAHO W 65524			Signature: <u>Larry Bull</u> Name (type or print): <u>Larry Bull</u>			
			Date: <u>9/17/14</u> Title: <u>Owner</u>			

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 3: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office