

No. W 6519	Due no later than Jul 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) IRENE VANDERVEGT 4098 HIDDEN LAKE DR KIMBERLY ID 83341																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. VALLEY VIEW DAIRY, L.L.C. IRENE VANDERVEGT 4098 HIDDEN LAKE DR KIMBERLY ID 83341		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Irene VanderVeg</td> <td>4098 Hidden Lake Dr.</td> <td>Kimberly,</td> <td>Id</td> <td></td> <td>83341</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Steve VanderVeg</td> <td>364 N. 1250 W.</td> <td>Paul,</td> <td>Id</td> <td></td> <td>83347</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Irene VanderVeg	4098 Hidden Lake Dr.	Kimberly,	Id		83341	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Steve VanderVeg	364 N. 1250 W.	Paul,	Id		83347	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 6519 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: </td> <td style="width: 30%;">Date: 5-23-15</td> </tr> <tr> <td>Name (type or print): Irene VanderVeg</td> <td>Title: member</td> </tr> </table>			Signature: 	Date: 5-23-15	Name (type or print): Irene VanderVeg	Title: member																															
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Issued 05/18/2015 by CLH		127845																																				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM