

No. W 13442	Reinstatement Annual Report Form ADMIN DISSOLVED 02/05/2009		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DAIRYMEN'S SUPPLY CO., LLC 3831 N 3500 E KIMBERLY ID 83341		DAN BEUKERS 3831 N 3500 E 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"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☐ Member ☒</td> <td>John Beukers</td> <td>3831 N. 3500 E.</td> <td>Kimberly</td> <td>ID</td> <td>USA</td> <td>83341</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Ruth Beukers</td> <td>3831 N. 3500 E.</td> <td>Kimberly</td> <td>ID</td> <td>USA</td> <td>83341</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	John Beukers	3831 N. 3500 E.	Kimberly	ID	USA	83341	Manager ☐ Member ☒	Ruth Beukers	3831 N. 3500 E.	Kimberly	ID	USA	83341	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 13442		6. Signature: <u><i>John Beukers</i></u> Date: <u>8/13/13</u> Name (type or print): <u>John Beukers</u> Title: <u>Member</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM