

No. <b>W 40274</b>	<b>Due no later than June 30, 2006</b>		2. Registered Agent and Office <b>NO PO BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>		TERRY SALISBURY																			
	1. Mailing Address - Correct in this box, if applicable  SALISBURY COLOSTRUM SERVICE, LLC 2020 BITTERROOT DR TWIN FALLS, ID 83301		2020 BITTERROOT DR TWIN FALLS, ID 83301  3. <u>New</u> Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Terry Salisbury</td> <td>2020 Bitterroot Dr. Twin</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td></td> <td>Kathy Salisbury</td> <td>2020 Bitterroot Dr.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Terry Salisbury	2020 Bitterroot Dr. Twin	Twin Falls	ID	83301		Kathy Salisbury	2020 Bitterroot Dr.	Twin Falls	ID	83301
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5. Organized Under the Laws of:  IDAHO W 40274		6. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature <u>Terry Salisbury</u></td> <td style="width: 50%;">Date <u>4-10-06</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Terry Salisbury</u></td> <td>Title <u>Owner</u></td> </tr> </table>			Signature <u>Terry Salisbury</u>	Date <u>4-10-06</u>	Name (Typed or Printed) <u>Terry Salisbury</u>	Title <u>Owner</u>														
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Issued 04/03/2006

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