No. **W 1519**	**Due no later than Sep 30, 2016**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** GLENN WARD DAIRY, LLC GLENN A WARD 227 E 400 S BURLEY ID 83318	GLENN A WARD 200 E 500 S BURLEY ID 83318 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	GLENN A WARD	RT 3 PO BOX 3489	BURLEY	ID		83318

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 1519**	Signature: GLENN WARD	Date: 08/26/2016
	Name (type or print): GLENN WARD	Title: MEMBER

Processed 08/26/2016

* Electronically provided signatures are accepted as original signatures.