

No. W 117391	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) BRIAN J MITCHELL 16 MEADOW LN BOISE ID 83716																																			
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. DAIRYTEAM NUTRITION & VETERINARY CONSULTING, LLC BRIAN J MITCHELL 16 MEADOW LN BOISE ID 83716 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" data-bbox="164 562 1448 884"> <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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brian Mitchell</td> <td>16 Meadow Ln</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83716</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 type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Brian Mitchell	16 Meadow Ln	Boise	ID	USA	83716	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Brian Mitchell	16 Meadow Ln	Boise	ID	USA	83716																																
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: IDAHO W 117391	6. <table border="1" data-bbox="505 919 1448 1108"> <tr> <td>Signature: <i>Brian Mitchell</i></td> <td>Date: <i>5/7/18</i></td> </tr> <tr> <td>Name (type or print): <i>Brian Mitchell</i></td> <td>Title: <i>President</i></td> </tr> </table>			Signature: <i>Brian Mitchell</i>	Date: <i>5/7/18</i>	Name (type or print): <i>Brian Mitchell</i>	Title: <i>President</i>																															
Signature: <i>Brian Mitchell</i>	Date: <i>5/7/18</i>																																					
Name (type or print): <i>Brian Mitchell</i>	Title: <i>President</i>																																					

Issued 05/07/2018 by online