

|                                                                                                                                                        |               |                                                                                                                                                                                           |       |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 97398</b>                                                                                                                                     |               | <b>Due no later than Oct 31, 2017</b>                                                                                                                                                     |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>HAY-DEL DAIRY LLC<br>WHITNEY ALVES HAY-DEL DAIRY LLC<br>2064 E 3900 N<br>FILER ID 83328 |       | HERCULANO ALVES JR<br>2064 E 3900 N<br>FILER ID 83328 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                           |       | 3. <u>New</u> 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                                                                                                                                                 | WHITNEY ALVES | 2064 E 3900 N                                                                                                                                                                             | FILER | ID                                                    | USA     | 83328       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 97398</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: whitney alves<br>Name (type or print): whitney alves<br>Date: 10/19/2017<br>Title: owner                                                  |       |                                                       |         |             |  |
| Processed 10/19/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                 |       |                                                       |         |             |  |