No. **W 100526**	**Due no later than Feb 28, 2013** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** STAR VALLEY DAIRY PRODUCTS LLC KARL NELSON 431 CHESAPEAKE AVE CHUBBUCK ID 83202	RICK LAWSON 431 CHESAPEAKE AVE CHUBBUCK ID 83202 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	KARL NELSON	1349 SMITH CIRCLE	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 100526**	Signature: Rick Lawson	Date: 02/26/2013
	Name (type or print): Rick Lawson	Title: Member

Processed 02/26/2013

* Electronically provided signatures are accepted as original signatures.