No. W 104421		Due no later than Jun 30, 2017		2. Registered	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. OLD ALMO CREAMERY LLC PHILLIP SCOTT CHRISTENSEN 3283 S REID SPRINGS RD ALMO ID 83312			PHILLIP SCOTT CHRISTENSEN			
				ALMO ID	3283 S REID SPRINGS RD ALMO ID 83312 3. New Registered Agent Signature:*			
4. Limited Liability Compani	ies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
			3283 S REID SPRINGS RD 3283 S REID SPRINGS RD	ALMO ALMO	ID ID	USA USA	83312 83312	
5. Organized Under the Laws of:		6. Annual Report must b	pe signed.*					
ID		Signature: Phillip		Da	Date: 05/05/2017			
W 104421		Name (type or print): Phillip		Ti	Title: Manager			
Processed 05/05/2017		* Electronically provided	signatures are accepted as origina	l signatures.				