

No. C 69462	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> )	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.		JERRY L KORN 6999 LITTLE WILLOW PAYETTE ID 83661	
	DAIRY HEALTH, INC. JERRY L KORN 6999 LITTLE WILLOW PAYETTE ID 83661		3. <u>New</u> Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
Pres.	Jerry L Korn	6999 Little Willow	Payette	ID 83661
5. Organized Under the Laws of:  IDAHO C 69462		6. Signature: <u>Jerry L Korn</u> Date: <u>7-26-10</u> Name (type or print): <u>JERRY L. KORN</u> Title: <u>7-26-10</u>		
Issued 07/22/2010 by JL1				

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.