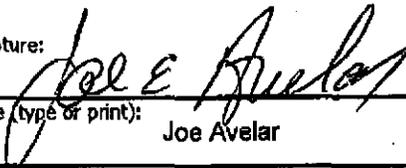


No. W 156160	Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016		2. Registered Agent and Office (NOT A P.O. BOX)																																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JA DAIRY CONSULTING, LLC JOE AVELAR 17 BELL RAPIDS RD- HAGERMAN ID 83332 2284 Austin Lane Filer, ID 83328		JOE AVELAR 17 BELL RAPIDS RD- HAGERMAN ID 83332 2284 Austin Lane Filer, ID 83328																																						
			3. New Registered Agent Signature.																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 20%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Joe Avelar</td> <td>2284 Austin Lane</td> <td>Filer</td> <td>ID</td> <td>USA</td> <td>83328</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Joe Avelar	2284 Austin Lane	Filer	ID	USA	83328	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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Joe Avelar	2284 Austin Lane	Filer	ID	USA	83328																																			
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 156160		6. Signature:  Name (type or print): Joe Avelar		Date: 2/1/18 Title: Member																																					

Issued 01/31/2018 by online

INSTRUCTIONS FOR THE STATE ANNUAL REPORT FORM