4. Umited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address City State Country Postal Code remain Irene Vander Vegt - alson Hoge Hidden take Dr. Kimbery Idl USA 83341 member. Steve Vander Vegt 3691, 1250 lest Paul, Idl USA 83747 5. Organized Under the Laws of: 6. Signature: Lew Wander Vegt. Date: 12-28-09	No. W 71337 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Feb 28, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. VANDERVEGT DAIRY, LLC IRENE VANDERVEGT-GIBSON 4098 HIDDEN LAKES RD KIMBERLY ID 83341			P.O. BOX IRENE \ 4098 HI KIMBER	2. Registered Agent and Office (NOT A P.O. BOX) IRENE VANDERVEGT-GIBSON 4098 HIDDEN LAKES RD KIMBERLY ID 83341 3. New Registered Agent Signature.			
IDAHO Signatura: he Vasdulias - Kilin Date: 12-28-09	4. Umited Liability Compani Office Held Nam Tene Vand	ne oder Vegt - Q:lason	Street o	r PO Address H:daen town Da.	City Kimbery	Zα	4514		
IDAHO Signatura: he Vasdulias - Kilin Date: 12-28-09				*	.				
W 71337 Name (type or print): Irene Vander-Vegt-Gibson Title: Member		Signature:							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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.