No. W 8223  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  NO FILING PER IP RECEIVED BY DUE DATE	Due no later than Mar 31, 2010 Annual Report Form  1. Mailing Address: Correct in this box if needed. SAWTOOTH DAIRY SPECIALTIES, LLC J THOMAS HOHNHORST 3274 SOUTH 2300 EAST JEROME ID 83338	2. Registered Agent and Office (NOT A P.O. BOX) J THOMAS HOHNHORST 3274 SOUTH 2300 EAST JEROME ID 83338  3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers CR Members.		
Office Held Name		City State Country Postal Code
President J. Thomas Hohnhorst 3274 South 2300 East Jerome ID Jarame 83338		
V-President Charles J. Hohnhorst 3274 South 2300 East Jerome ID Jerome 83738		
MADORAL MACHES - I I I SOULD ENTRE TO THE STATE OF THE ST		
Manager Martin Sandoval 3274-B South 2300 East Jerome ID Jerome 83338		
Secretary Marie Lickley 255 South 500 East Jerome ID Jerome 83388		
5. Organized Under the Lave  IDAHO	signature: While Lickley	Secretary Date: 4/12/2010
W 8223	Nama (type or print): Marie Lickley	San.a.i I
Issued 04/09/2010 by KAH 201003006103		

## 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.

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 Meli Bex.

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

Block 4: Enter names and business addresses of management. Note: <u>Do not put</u> "same as linst year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

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

Black 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

\*\* The image of this form will be available on the internet once it has been filed. DO <u>HOT</u> enter Social Security numbers.

If the Limited Liability Company is no longer doing business in Idaho, you may file the appropriate form and fee, Forms are available on the website at www.sos.kisho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Company to terminate the legal existence. If you have any questions contact the Commercial Division at (206) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED