

No. <b>C 183357</b>		<b>Due no later than Jun 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  MAGIC VALLEY DAIRY HEIFER REPLACEMENT PROGRAM, INC. TERESA TVERDY 630 ADDISON AVE. W. SUITE 1600 TWIN FALLS ID 83301		TERESA TVERDY 630 ADDISON AVE. W. SUITE 1600 TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DEAN ALLEN	4286 N.2500 E.	FILER	ID	USA	83328	
TREASURER	MARILEE ALLISON	525 VALLEY VIEW LANE	JEROME	ID	USA	83338	
PRESIDENT	ALVINA KRAL	19611 HWY 30	BUHL	ID	USA	83316	
SECRETARY	TERESA TVERDY	630 ADDISON AVE. W. SUITE 1600	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID</b> <b>C 183357</b>		6. Annual Report must be signed.*  Signature: Marilee Allison Name (type or print): Marilee Allison					
		Date: 05/09/2016 Title: Treasurer					
Processed 05/09/2016 * Electronically provided signatures are accepted as original signatures.							