No. <b>C 201682</b>		Due no later than Mar 31, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ARMOND PATTERSON 4496 N 2000 E FILER ID 83328  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MON REPOSA DAIRY, INC. C/O DENNY & COMPANY CHTD 1096 N EASTLAND DR SUITE 200 TWIN FALLS ID 83301		FILER ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	nes and Busin	ess Addresses of F	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT ARMOND PA		ATTERSON	4496 N 2000 E	FILER	ID		83328	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 201682		Signature: Bethany Griggs			Date: 03/24/2017			
		Name (type or print): Bethany Griggs			Title: BOOKKEEPER			
Processed 03/24/2017		* Electronically pr	ctronically provided signatures are accepted as original signatures.					