No. <b>W 12188</b>		Due no later than Jun 30, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:		inual Report Form		TIMOTHY STOVER			
SECRETARY OF STATE	1. Mailing Addr	1. Mailing Address: Correct in this box if needed.		746 N COLLEGE RD STE C TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		HIGH PLAINS DAIRY, L.L.C. TIMOTHY J STOVER PO BOX 5226					
	TWIN FALLS ID	TWIN FALLS ID 83303-5226		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addresses of	f at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	HARLES GANDOLFO	3798 N 1700 E	BUHL	ID	USA	83316	
MEMBER GANDOL	FO FAMILY TRUST	1268 HIGLAND RD	SANTA INEZ	CA	USA	93460	
5. Organized Under the Laws of: 6. Annual Report m		ust be signed.*					
ID Signature: Tir		hy J. Stover Date: 04/13/2009					
W 12188	Name (type or pr	Name (type or print): Timothy J. Stover		Title: Registered Agent			
Processed 04/13/2009	* Electronically provi	* Electronically provided signatures are accepted as original signatures.					