No. W 1294		Due no later than Jul 31, 2014	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	WESTOVER	Annual Report Form 1. Mailing Address: Correct in this box if needed. WESTOVER DAIRY L.L.C. NORD WESTOVER 6089 N WESTSIDE HWY CLIFTON ID 83228		NORD WESTOVER 6089 N WESTSIDE HWY CLIFTON ID 83228 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER NORD WESTOVER		6089 N WESTSIDE HWY	CLIFTON	ID	USA	83228	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: F	Signature: Rick Westover Date: 05/28/2014		/28/2014			
W 1294	Name (type	Name (type or print): Rick Westover		Title: Partner			
Processed 05/28/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					