



Idaho Limited Liability Company Annual Report Form

File online at: sos.ida Due no later than: 09/3	_	Return completed form within Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720	10/
Annual Report: No filing fe	e if received by the due date.	Phone: (208) 334-2300	03/
SOS Control Number: 328920 Limited Liability Company (D)	Filing Status: Active-Existing Date Formed: 09/12/2011	Formation Locale: ID	2019
Name and Mailing Address: DESERT ROSE DAIRY LLC 709 DESERT WIND RD BOISE, ID 83716	(1) Ac	dd or Change Mailing Address:	8:54 AM
Registered Agent (RA) and Register RONALD B CASTLE	ered Office (RO) Address: (2) Cl	nange RA and/or RO Address:	Re ce
709 DESERT WIND RD BOISE, ID 83716 Note: The R (3) New Registered Agent (RA) Sig	egistered Office address must be a physical Idal nature: If a new agent is appointed in item (2) a		ived by I
Note: The Road Note:	nature:	bove the new agent must sign here to accept the	Fame as Wove
Note: The Road Note:	if a new agent is appointed in item (2) at ames and addresses of Managers OR Member re will not affect the entity mailing address. If Business Address	bove the new agent must sign here to accept the res. Do NOT put 'same as last year' or 's more space is needed, please add an a	e appointment.
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Note: The Residual Note: The Res	mature: If a new agent is appointed in item (2) as ames and addresses of Managers OR Member re will not affect the entity mailing address. If Business Address ASTER 109 DES	bove the new agent must sign here to accept the irs. Do NOT put 'same as last year' or 's more space is needed, please add an a City, State, Zip	e appointment. same as #fove attachment 0 3716 33716 0 H
Note: The Roll (3) New Registered Agent (RA) Sig (4) Limited Liability Companies: Enter na These will not be accepted. Changes he Manager/Member Name Mgr Mem	mature: If a new agent is appointed in item (2) as ames and addresses of Managers OR Member re will not affect the entity mailing address. If Business Address ASTER 109 DES	bove the new agent must sign here to accept the irs. Do NOT put 'same as last year' or 's more space is needed, please add an a City, State, Zip	e appointment. same as #Fove attachment 0 3716 33716

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.