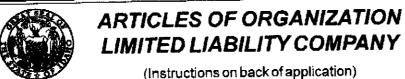
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OLIV	(Instructions on back	ofapplication)	SECRETARY OF STAT
The name of the limited liability compa		pany is:	STATE OF IDAHO
HY	INE DAIRY, LLC		
2. The	street address of the initial regis	tered office is:	
<u>161</u>	1 W. SALESYARD RD. EMMI	ETT, ID 83617	
and t	he name of the initial registered	l agent at the above add	dress is:
CH	AD M. LOWRY		
3. The	mailing address for future corres	spondence is:	
<u>161</u>	1 W. SALESYARD RD. EMM	ETT, ID 83617	
4. Man	agement of the limited liability co	ompany will be vested in	n:
Man	ager(s) or Member(s)	(please check the appropri	iate box)
addr	nagement is to be vested in one ess(es) of at least one initial ma lber(s), list the name(s) and add	nager. If management	is to be vested in the
	Name		Address
<u>CH</u>	AD M. LOWRY	1611 W. SALESYARD RD.	
		EMMETT, ID 8361	7
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	ature of at least of eigerson respective:	population for forming the	
	Name: CHAD M. LOWRY	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Secretary of State use only
	city: MANAGING MEMBER	ezzueñ.gu	
Siana	iture	Pitornasi L.C. vomsarbocho ganzaston, pd6	IDAHO SECRETARY OF
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lype	d Name:	Norma's LLC bornes	CK: 1432 CT: 194819 1 0 100.00 = 100.00 DF