No. **W 53425**	**Due no later than Aug 31, 2009** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** ROB'S DAIRY SERVICE, LLC ROBERT WILSON 713 DEL MAR DR TWIN FALLS ID 83301	ROBERT WILSON 713 DEL MAR DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	ROBERT WILSON	713 DEL MAR DR	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 53425**	Signature: Robert Wilson	Date: 09/22/2009
	Name (type or print): Robert Wilson	Title: Owner

Processed 09/22/2009

* Electronically provided signatures are accepted as original signatures.