

| No. <b>C 141567</b>   |                      | <b>Due no later than Dec 31, 2015</b><br><b>Annual Report Form</b>   |             | 2. Registered Agent and Address ( <b>NO PO BOX</b> )         |         |             |  |
|---|----------------------|--|-------------|--|---------|-------------|--|
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MELALEUCA OF KOREA HOLDING COMPANY<br>4609 W 65TH S<br>IDAHO FALLS ID 83402 |             | FRANK L VANDERSLOOT<br>4609 W 65TH S<br>IDAHO FALLS ID 83402 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                      |  |             | 3. <u>New</u> Registered Agent Signature:*                   |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional). |                      |  |             |  |         |             |  |
| Office Held   | Name                 | Street or PO Address   | City        | State  | Country | Postal Code |  |
| DIRECTOR  | RICHARD TATE         | 8301 CREEKSIDE CIR #450  | BLOOMINGTON | MN   | USA     | 55437-0004  |  |
| SECRETARY   | ALLEN BALL           | 5465 SOUTH 5TH WEST  | IDAHO FALLS | ID   | USA     | 83402-0004  |  |
| DIRECTOR  | FRANK L VANDERSLOOT  | 4609 W 65TH S  | IDAHO FALLS | ID   | USA     | 83402       |  |
| DIRECTOR  | ALLEN BALL           | 5465 SOUTH 5TH WEST  | IDAHO FALLS | ID   | USA     | 00834-0004  |  |
| DIRECTOR  | MICHAEL STARCHER     | 411 N. AKARD STREET SUITE 900  | DALLAS      | TX   | USA     | 75201-0004  |  |
| DIRECTOR  | DAVID VAN VALKENBURG | 5109 LONG MEADOW CIRCLE  | GREENWOOD   | CO   | USA     | 80111-0004  |  |
| PRESIDENT   | MCKAY CHRISTENSEN    | 4609 W 65TH S  | IDAHO FALLS | ID   | USA     | 83402-0004  |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 141567</b>   |                      | 6. Annual Report must be signed.*<br><br>Signature: McKay Christensen<br>Name (type or print): McKay Christensen                             |             |  |         |             |  |
|   |                      | Date: 10/19/2015<br>Title: President   |             |  |         |             |  |
| Processed 10/19/2015 * Electronically provided signatures are accepted as original signatures.                    |                      |  |             |  |         |             |  |