No. <b>W 147477</b>		Due no later than Feb 28, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KRISTIN CH	KRISTIN CHAMHOLM  101 E BULLION ST STE 1 E  HAILEY ID 83333			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  5 B NUTRITION LLC  KRISTIN CHARNHOLM  101 E BULLION ST STE 1 E  HAILEY ID 83333		9.				
				PAILEY ID	MAILEY ID 63333			
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF		USA						
RECEIVED BY DUE DATE								
4. Limited Liability Co.	mpanies: Enter Na	mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	AMBER MA	TTIAS	P O BOX 1733	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 147477		Signature: I	Kristin Charnholm		Date: 02/27/2017			
		Name (type	or print): Kristin Charnholm		Title: Owner			
Processed 02/27/201	7	* Electronically	provided signatures are accepted as origin	nal signatures.				