

No. W 93503		Due no later than May 31, 2016 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		1. Mailing Address: Correct in this box if needed. SUPREME NATURAL WEIGHT LOSS LLC JOHN F SCORESBY 3042 OAKWOOD CIR AMMON ID 83406		JOHN F SCORESBY 1491 CURLEW DR AMMON ID 83406			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	DEVIN SCORESBY	1491 CURLEW DRIVE	AMMON	ID	USA	83406	
MEMBER	TODD REESE	1491 CURLEW DRIVE	AMMON	ID	USA	83406	
MEMBER	JOHN F SCORESBY	1491 CURLEW DRIVE	AMMON	ID	USA	83406	
5. Organized Under the Laws of: ID W 93503		6. Annual Report must be signed.* Signature: John Scoresby Name (type or print): John Scoresby					
		Date: 03/26/2016 Title: Manager					
Processed 03/26/2016		* Electronically provided signatures are accepted as original signatures.					