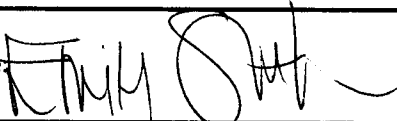


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No. W 129503 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014 1. Mailing Address: Correct in this box if needed. HUMAN PERFORMANCE LABORATORIES, LLC 5017 W 33RD N IDAHO FALLS ID 83402 4400 E. 17th St. Ammon, ID 83406	2. Registered Agent and Office (NOT A P.O. BOX) EMILY SMITH 5017 W 33RD N IDAHO FALLS ID 83402 3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Emily Smith</td> <td>4400 E 17th St</td> <td>Ammon</td> <td>ID</td> <td></td> <td>83406</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jessie Smith</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Emily Smith	4400 E 17th St	Ammon	ID		83406	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jessie Smith	"	"	"	"	"	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 129503	6. Signature:  Name (type or print): <u>Emily Smith</u> Date: <u>Nov 1, 2015</u> Title: <u>Manager</u>																																				

Issued 11/10/2015 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. The registered agent must be at a street address in Idaho.