No. W 129443	D	Due no later than Sep 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		NATALIE KISHIYAMA 4480 E CHEROKEE HEIGHTS AMMON ID 83406			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. LOVE YOUR GUTS SEVENPOINT2, LLC NATALIE KISHIYAMA 4480 E CHEROKEE HEIGHTS					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	NATALIE KIS						
	AMMON ID	AMMON ID 83406		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER NATALIE KISHIYAMA		4480 E. CHEROKEE HEIGHTS	AMMON	ID	USA	83406	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		rt must be signed.*					
ID	Signature: N	Signature: Natalie Kishiyama		Date: 07/11/2014			
W 129443	Name (type	Name (type or print): Natalie Kishiyama		Title: Member			
Processed 07/11/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					