

|  |                  |  |          |  |         |             |  |
|--|------------------|--|----------|--|---------|-------------|--|
| No. <b>C 139687</b>  |                  | <b>Due no later than Jun 30, 2011</b>  |          | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>NUTRITION WEST INC<br>116 E FAIRVIEW AVE<br>MERIDIAN ID 83642 |          | PAT CULLEN<br>515 VAN DREFF #2<br>SALMON ID 83467  |         |             |  |
|  |                  |  |          | 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 |  |
| SECRETARY  | JOSLIN SODERLING | 116 E. FAIRVIEW AVE  | MERIDIAN | ID   | USA     | 83642       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 139687</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Pat Cullen<br>Name (type or print): Pat Cullen                                 |          |  |         |             |  |
|  |                  | Date: 04/22/2011<br>Title: Registered Agent  |          |  |         |             |  |
| Processed 04/22/2011   |                  | * Electronically provided signatures are accepted as original signatures.  |          |  |         |             |  |