

No. <b>W 26852</b>		<b>Due no later than Nov 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  JOLYN SEIBERT, RD, CNSD, NUTRITION SPECIALISTS, PLLC JOLYN SEIBERT 4168 N. PONDEROSA PLACE FEATHERVILLE ID 83647-8701 USA		JOLYN SEIBERT 4168 N.PONDEROSA PL FEATHERVILLE 83647-8701			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JOLYN SEIBERT	Street or PO Address 3224 N. MAPLE GROVE ROAD		City BOISE	State ID	Country USA	Postal Code 83704
5. Organized Under the Laws of:  <b>ID</b> <b>W 26852</b>		6. Annual Report must be signed.*  Signature: Jolyn Seibert Name (type or print): Jolyn Seibert  Date: 11/01/2014 Title: Owner					
Processed 11/01/2014 * Electronically provided signatures are accepted as original signatures.							