

No. W 117113		Due no later than Sep 30, 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. SUNFLOWER NUTRITION & WELLNESS, LLC TAMMY SEAGRAVE 12646 N 13TH AVE BOISE ID 83714		TAMMY SEAGRAVE 12646 N 13TH AVE BOISE ID 83714			
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 MANAGER	Name TAMMY LYNN SEAGRAVE	Street or PO Address 12646 N 13TH AVE		City BOISE	State ID	Country USA	Postal Code 83714
5. Organized Under the Laws of: ID W 117113		6. Annual Report must be signed.* Signature: ts Name (type or print): ts Date: 07/30/2016 Title: manager					
Processed 07/30/2016 * Electronically provided signatures are accepted as original signatures.							