No. <b>W 126026</b> Return to:		Due no later than Jun 30, 2015 Annual Report Form			Registered Agent and Address (NO PO BOX)     PATRICK ANDERSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  RIPP'D NUTRITION LLC  JAMES G ANDERSON  1665 MARKET WAY  AMMON ID 83406		AMMON ID	1821 EAGLEPOINTE DR AMMON ID 83406  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	JAMES G A	NDERSON	3080 DEVONWOOD	AMMON	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jar		Date: 04/29/2015				
W 126026		Name (type or		Title: Member				
Processed 04/29/2015 * Electronically provided signatures are accepted as original signatures.								