

No. <b>C 102248</b>		<b>Due no later than May 31, 2009</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  SOUND NUTRITION, INC. AL CZAP PO BOX 25 DOVER ID 83825		AL CZAP 25820 HWY 2 DOVER ID 83825				
						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		
PRESIDENT	AL CZAP	P.O. BOX 25	DOVER	ID	USA	83825		
DIRECTOR	AL CZAP	P.O. BOX 25	DOVER	ID	USA	83825		
DIRECTOR	KELLY CZAP	P.O. BOX 25	DOVER	ID	USA	83825		
SECRETARY	KELLY CZAP	P.O. BOX 25	DOVER	ID	USA	83825		
TREASURER	KELLY CZAP	P.O. BOX 25	DOVER	ID	USA	83825		
5. Organized Under the Laws of:  <b>ID</b> <b>C 102248</b>		6. Annual Report must be signed.*  Signature: Al Czap Name (type or print): Al Czap						Date: 04/13/2009 Title: President
Processed 04/13/2009		* Electronically provided signatures are accepted as original signatures.						