

|  |                   |  |  |  |             |                |                      |
|--|-------------------|--|--|--|-------------|----------------|----------------------|
| No. <b>W 133351</b>  |                   | <b>Due no later than Jan 31, 2017</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>AS LONG NUTRITION SERVICE, LLC<br>ANNA LONG<br>4387 POCONO ST<br>IDAHO FALLS ID 83404 |  | ANNA LONG<br>4387 POCONO ST<br>IDAHO FALLS ID 83404  |             |                |                      |
| <b>NO FILING FEE IF<br/>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<br>MEMBER  | Name<br>ANNA LONG | Street or PO Address<br>4387 POCONO ST   |  | City<br>IDAHO FALLS                                  | State<br>ID | Country<br>USA | Postal Code<br>83404 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 133351</b>                                |                   | 6. Annual Report must be signed.*<br><br>Signature: Anna Long<br>Name (type or print): Anna Long<br><br>Date: 12/08/2016<br>Title: Owner               |  |  |             |                |                      |
| Processed 12/08/2016 * Electronically provided signatures are accepted as original signatures.     |                   |  |  |  |             |                |                      |