

|  |                  |   |       |   |         |                  |  |
|--|------------------|---|-------|---|---------|------------------|--|
| No. <b>W 96855</b>   |                  | <b>Due no later than Oct 31, 2011</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>NUTRIACT, LLC<br>DON M HUBER<br>9322 BIG FOOT ROAD<br>MELBA ID 83641<br>USA |       | DON M HUBER<br>9322 BIG FOOT ROAD<br>MELBA ID 83641 |         |                  |  |
|  |                  |   |       | 3. <u>New</u> Registered Agent Signature:*          |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                  |   |       |   |         |                  |  |
| Office Held  | Name             | Street or PO Address  | City  | State   | Country | Postal Code      |  |
| MEMBER   | DON MORGAN HUBER | 9322 BIG FOOT ROAD)   | MELBA | ID  | USA     | 83641            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*   |       |   |         |                  |  |
| <b>ID<br/>W 96855</b>  |                  | Signature: Don M. Huber   |       |   |         | Date: 08/19/2011 |  |
|  |                  | Name (type or print): Don M. Huber  |       |   |         | Title: Owner     |  |
| Processed 08/19/2011   |                  | * Electronically provided signatures are accepted as original signatures.   |       |   |         |                  |  |