| No. C 130480 | | Due no later than Sep 30, 2011 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|--|--|--|-------------|------------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. APPLIED NUTRITION, INC. RONALD W HARDY 224 OAK CREEK CIRCLE TWIN FALLS ID 83301 | | | RONALD W HARDY 224 OAK CREEK CIRCLE TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | | | | | ed Agent et | gnacarer | |
| | ame | | Street or PO Address | | City | State | Country | Postal Code |
| The second secon | ONALD W IRBARA L | | 224 OAK CREEK CIRCLE 224 OAK CREEK CIRCLE | | TWIN FALLS TWIN FALLS | ID ID | USA USA | 83301 83301 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Ronald W. Hardy | | | Date: 09/08/2011 | | | |
| C 130480 | | Name (type or print): Ronald W. Hardy | | | Title: President | | | |
| Processed 09/08/2011 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |