No. **C 107730**	**Due no later than Sep 30, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** NORTHWEST NUTRITION, INC. ROBERT ERICKSON 226 IRONWOOD DR STE A2 COEUR D ALENE ID 83814	ROBERT ERICKSON 226 IRONWOOD DR STE A2 COEUR D'ALENE ID 83814 3. New 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	ROBERT ERICKSON	226 IRONWOOD DR. #A2	COEUR D'ALENE	ID	USA	83814
SECRETARY	BRENDA ERICKSON	226 IRONWOOD DR STE A2	COEUR D'ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 107730**	Signature: Brenda Erickson	Date: 10/13/2015
	Name (type or print): Brenda Erickson	Title: sec

Processed 10/13/2015

* Electronically provided signatures are accepted as original signatures.