| No. W 148217 | | The state of the s | | 2. Registered A | 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. NATURAL HEALTH PROFESSOR.COM LLC KATHY MARIE BRUCKS 15254 NO MOBBS ROAD HAUSER ID 83854 | | 15254 NO M HAUSER ID | KATHY MARIE BRUCKS 15254 NO MOBBS ROAD HAUSER ID 83854 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mes and Addresses o | f at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | KATHY BRUCKS | | 15254 NO MOBBS ROAD | HAUSER | ID | USA | 83854 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: kathy brucks | | | Date: 12/26/2017 | | | |
| W 148217 | | Name (type or print): kathy brucks | | | Title: manager | | | |
| Processed 12/26/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |