No. C 79936		Due no later than Nov 30, 2008 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		1. Mailing Address: Correct in this box if needed. NUTRI-PLUS, INC. TOM OLSEN PO BOX 1145 BELLEVUE ID 83313	TOM OLSEN 10749 HIGHWAY 75 BELLEVUE ID 83313 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE						
4. Corporations: Enter	Names and Busine	ss Addresses of President, Secretary, and Directors. Treasure	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT SECRETARY	TOM OLSEN TRACY OLSE	PO BOX 1145 N PO BOX 1145	BELLEVUE BELLEVUE	ID ID	USA USA	83313 83313
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 79936		Signature: Tom Olsen	Date: 11/09/2008			
		Name (type or print): Tom Olsen	Title: President			
Processed 11/09/2008	3	Electronically provided signatures are accepted as original signatures	natures.			