

No. W 160766	Due no later than Jan 31, 2017 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. STORM'S-END-NUTRITION LLC SHELDON ALLEN 127 CUNNINGHAM ST TRLR #2 GRANGEVILLE ID 83530		SHELDON ALLEN 127 CUNNINGHAM ST TRLR #2 GRANGEVILLE ID 83530				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SHELDON R ALLEN	Street or PO Address 127 CUNNINGHAM ST TRLR 2	City GRANGEVILLE	State ID	Country USA	Postal Code 83530	
5. Organized Under the Laws of: ID W 160766	6. Annual Report must be signed.* Signature: sheldon allen Name (type or print): sheldon allen						Date: 02/22/2017 Title: CEO
Processed 02/22/2017	* Electronically provided signatures are accepted as original signatures.						