

No. <b>W 94491</b>		<b>Due no later than Jun 30, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  NATURAL NUTRIENT SOLUTIONS, LLC JOHN COLLINS PO BOX 140818 GARDEN CITY ID 83714		JOHN COLLINS 3067 E SHADOWVIEW EAGLE ID 83616			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JOHN J COLLINS	3067 E SHADOWVIEW	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 94491</b>		Signature: John Collins				Date: 04/20/2012	
		Name (type or print): John Collins				Title: Member	
Processed 04/20/2012		* Electronically provided signatures are accepted as original signatures.					