

No. W 32781	Due no later than Aug 31, 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. NUTRIENT MANAGEMENT SOLUTIONS, LLC ROBERT M OHLENSEHLEN 450 FALLS AVENUE STE 106 TWIN FALLS ID 83301 USA		ROBERT M OHLENSEHLEN 603 WOODLAND DR TWIN FALLS ID 83301			
			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	ROBERT M OHLENSEHLEN	603 WOODLAND DR	TWIN FALLS	ID	USA	83301
MEMBER	DARLENA R OHLENSEHLEN	603 WOODLAND DR	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 32781	6. Annual Report must be signed.* Signature: Jeana Kienzle Name (type or print): Jeana Kienzle		Date: 06/24/2015 Title: Office Manager			
Processed 06/24/2015		* Electronically provided signatures are accepted as original signatures.				