

No. <b>W 65761</b>		Due no later than Aug 31, 2016 <b>Annual Report Form</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>  SPECIALTY LIPIDS, LLC H CEVIN JONES 1440 E 750 S EDEN ID 83325		H CEVIN JONES 1440 E 750 S EDEN ID 83325	
				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
MANAGER	H CEVIN JONES	1440 E 750 S	EDEN	ID	83325
5. Organized Under the Laws of:  <b>ID W 65761</b>		6. Annual Report must be signed.* Signature: H CEVIN JONES Name (type or print): H CEVIN JONES Date: 06/22/2016 Title: MANAGING PARTNER			
Processed 06/22/2016		* Electronically provided signatures are accepted as original signatures.			