No. W 90203 Return to:		_	Due no later than Jan 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. BREASTFEEDING SOLUTIONS LLC AMY PETERSON 805 4TH AVE DR JEROME ID 83338 2. Registered Agent and Address (NO PO AMY PETERSON 805 4TH AVE DR JEROME ID 83338 3. New Registered Agent Signature:*			Registered Agent and Address (NO PO BOX) AMY PETERSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		BREASTFE AMY PET 805 4TH A							
NO FILING FEE IF RECEIVED BY DUE DATE		USA							
4. Limited Liability Comp	anies: Enter	Names and Addr	resses of at least one Member or Manager.						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
MANAGER	MINDY HARMER		679 BRISTLECONE DR		TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*						
ID		Signature	Signature: Amy Peterson			Date: 02/11/2013			
W 90203		Name (ty	Name (type or print): Amy Peterson			Title: Co-Owner			
Processed 02/11/2013 * Electronically provided signatures are accepted as original signatures.									