

No. C 79936	Due no later than Nov 30, 2000 Annual Report Form		2. Registered Agent and Office 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 applicable NUTRI-PLUS, INC. TOM OLSEN PO BOX 1145		TOM OLSEN 10749 HIGHWAY 75 BELLEVUE, ID 83313		
NO FILING FEE IF RECEIVED BY DUE DATE	BELLEVUE, ID 83313		3. <u>New</u> Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Tom Olson	P.O. Box 1145	Bellevue	ID	83313
Secretary	Kimberly Stevens	" "	"	"	"
V-President	Tom Olson	223 Podes	Salmon	ID	83605
5. Organized Under the Laws of:		6. Signature	Date		
IDAHO C 79936		Tom Olson	10-2-00		
		Name (Typed or Printed)	Title: President XXX		

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Do Not Tape or Staple

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