No. W 40670	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010	2. Registered Agent and Office **(NOT A P.O. BOX)** STACY BEESON 515 N MAPLE AVE BOISE ID 83712
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** MIDDLETON NUTRITION, LLC STACY BEESON 515 N MAPLE AVE BOISE ID 83712	3. New Registered Agent Signature.
REINSTATEMENT **FEE DUE: $30.00**		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Member/ Manager	STACY BEESON	515 Maple Ave	Boise	ID	Ada	83712

5. Organized Under the Laws of:	6.
IDAHO W 40670	Signature: Stacy Beeson Date: 09.22.10 Name (type or print): STACY BEESON Title: Member

Issued 09/22/2010 by DK1