

No. L 854

Due no later than January 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NUTRITION CENTER (THE)

~~PARSONS SMITH ET AL~~~~PO BOX 840~~

BURLEY, ID 83318

1326 OAKLEY AVE
HEYBURN, ID 83336

Need to Appoint

MIKE BIERMANN
2109 TANNIE
HEYBURN, ID 83336

NO FILING FEE IF

RECEIVED BY DUE DATE

3. New Registered Agent Signature



4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

Office heldNameStreet or P.O. AddressCityStateZip

PARTNER MIKE BIERMANN 2109 TANNIE HEYBURN ID. 83336
PARTNER SUEAN BIERMANN 2109 TANNIE HEYBURN ID. 83336

5. Organized Under the Laws of:
IDAHO
L 854

6.

Signature

Date

Name

(Typed or
Printed)

Title

MIKE BIERMANN

PR

Issued 11/01/2007

Do Not Tape or Staple

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