

|  |               |  |             |   |                     |
|--|---------------|--|-------------|---|---------------------|
| No. <b>W 75541</b>   |               | <b>Due no later than Jun 30, 2018</b>  |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>                        |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>NATURAL INNOVATIONS LABORATORIES, LLC<br>CHARLES A HOMER<br>P O BOX 50130<br>IDAHO FALLS ID 83405 |             | CHARLES A HOMER<br>1000 RIVERWALK DR STE 200<br>IDAHO FALLS ID 83405-8340 |                     |
|  |               |  |             | 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  | RICHARD KRUPA | P O BOX 50130  | IDAHO FALLS | ID  | 83405               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 75541</b>   |               | 6. Annual Report must be signed.*<br>Signature: Charles A. Homer<br>Name (type or print): Charles A. Homer<br>Date: 04/26/2018<br>Title: Registered Agent      |             |   |                     |
| Processed 04/26/2018   |               | * Electronically provided signatures are accepted as original signatures.  |             |   |                     |