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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------|---------------------|
| No. <b>W 139238</b>                                                                                                                                    |                     | <b>Due no later than Jun 30, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>REACT SUPPLEMENTS LLC<br>JAMES BARTHOLOMEW<br>903 E 11TH AVE<br>POST FALLS ID 83854 |            | MICHAEL A BARTHOLOMEW<br>903 E 11TH AVE<br>POST FALLS ID 83854 |                     |
|                                                                                                                                                        |                     |                                                                                                                                                                                       |            | 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                                                                                                                                                | JAMES R BARTHOLOMEW | 903 E 11TH AVE                                                                                                                                                                        | POST FALLS | ID                                                             | USA 83854           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 139238</b>                                                                                          |                     | 6. Annual Report must be signed.*<br>Signature: James Bartholomew<br>Name (type or print): James Bartholomew<br>Date: 05/10/2016<br>Title: CEO                                        |            |                                                                |                     |
| Processed 05/10/2016                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                             |            |                                                                |                     |