

No. <b>W 125857</b>		<b>Due no later than May 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  NO EXCUSES NUTRITION, LLC SARAH E WILKINS 729 W MARIAH AVE NAMPA ID 83686		INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83705			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SARAH E WILKINS	Street or PO Address 729 W MARIAH AVE		City NAMPA	State ID	Country USA	Postal Code 83686
5. Organized Under the Laws of:  <b>ID</b> <b>W 125857</b>		6. Annual Report must be signed.*  Signature: Sarah Elizabeth Wilkins Name (type or print): Sarah Elizabeth Wilkins  Date: 05/09/2017 Title: Business Owner					
Processed 05/09/2017 * Electronically provided signatures are accepted as original signatures.							