

No. W 76556		Due no later than Aug 31, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NATURAL HERBS AND SUPPLIES, LLC [object HTMLInputElement] E CLIMER PO BOX 71 PINGREE ID 83262		JAMES E CLIMER 927 S 1950 W SPRINGFIELD ID 83277			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name WILLIAM JT CLIMER	Street or PO Address 6241 DOGWOOD RD SE		City PORT ORCHARD,	State WA	Country USA	Postal Code 98367
5. Organized Under the Laws of: ID W 76556		6. Annual Report must be signed.* Signature: James E. Climer Name (type or print): James E. Climer Date: 10/06/2012 Title: Partner					
Processed 10/06/2012 * Electronically provided signatures are accepted as original signatures.							