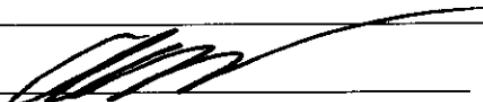


No. W 40577	Due no later than June 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable		AL CZAP 25820 HIGHWAY 2 WEST SANDPOINT, ID 83864		
NO FILING FEE IF RECEIVED BY DUE DATE	THORNE NUTRITION, LLC PO BOX 25 DOVER, ID 83825		3. <u>New</u> Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
CEO	AL CZAP	Box 25	Dover	ID	83825
5. Organized Under the Laws of:		6. Signature		Date	
IDAHO W 40577				6/12/06	
Name <small>(Typed or Printed)</small>		Name <small>(Typed or Printed)</small>		Title	
AL CZAP		AL CZAP		CEO	

Issued 04/03/2006

Do Not Tape or Staple

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