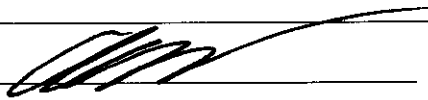


No. W 40577	Due no later than June 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable THORNE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

Issued 04/03/2006

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