No. <b>C 214938</b>		Due no later than Aug 31, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MARGIE CLEVERDON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TONIC LABS, INC. LO'REE R SILONIS 3030 CHISHOLM DR HAGERMAN ID 83332		NAMPA ID	18083 CAN ADA RD NAMPA ID 83687  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY DIRECTOR TREASURER VICE PRESIDENT PRESIDENT	LO'REE R SILONIS WILLIAM J HENDERSON SERENA R HENDERSON LISA M SILONIS SHANE A SILONIS		908 YAKIMA AVE 406 FILER AVE WEST 406 FILER AVE WEST 3030 CHISHOLM DR. 3030 CHISHOLM DR.	FILER TWIN FALLS TWIN FALLS HAGERMAN HAGERMAN	ID ID ID ID ID	USA USA USA USA USA	83328 83301 83301 83332 83332	
5. Organized Under the Laws of:  ID  C 214938		6. Annual Report must be signed.*  Signature: Lo'ree Silonsi  Name (type or print): Lo'ree Silonsi  Title: Chief Compliance Officer						
Processed 08/27/2018		* Electronically provided signatures are accepted as original signatures.						