No. C 167011 Return to:	Due no later than May 31, 2015 Annual Report Form			2. Registered Agent and Address (NO PO BOX) RYAN ARFMANN 1675 CASTELLI DR AMMON 83401 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 1. Mailing Addre JUICE IT UP, INC. RYAN ARFMANN 1675 CASTELLI DR AMMON ID 83401		N DR	AMMO				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bus	iness Addresses of Pr	esident, Secretary, and Directors. Tre	asurer (optional)				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	LEEN ARFMANN ES ARFMANN	1675 CASTELLI DR. 1675 CASTELLI DR.	AMMON AMMON		USA USA	83401 83401	
5. Organized Under the Laws of: 6. Annual Repor		nust be signed.*					
ID Signature: J		e Arfmann		Date: 04/01/2015			
C 167011	Name (type or p	Name (type or print): Julie Arfmann		Title: Secretary			
Processed 04/01/2015 * Electronically provided signatures are accepted as original signatures.							