No. W 114919	Due no later than Jun 30, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	DUSTIN B LAPP			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	2754A ROCK CREEK RD HANSEN ID 83334			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BEST LIFE NUTRITIONAL THERAPY LLC DUSTIN LAPP 1330 FILER AVE. EAST	3. New Registered Agent Signature:*			
	TWIN FALLS ID 83301				
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MANAGER DUSTIN LA	PP 2754A ROCK CREEK RD	HANSEN	ID	USA	83334
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Dusty Lapp	Date: 04/28/2016			
W 114919	Name (type or print): Dusty Lapp	Title: Manager			
Processed 04/28/2016	* Electronically provided signatures are accepted as original signatures.				