

No. W 26852	Due no later than November 30, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable JOLYN SEIBERT, RD, CNSD, NUTRITION JOLYN SEIBERT 1620 W STATE ST STE 220 BOISE, ID 83702 323 E. Riverside Dr. Ste 220 Eagle, ID 83616		JOLYN SEIBERT 166 W JEFFERSON BOISE, ID 83702 323 E. Riverside Dr. #220 Eagle, ID 83616 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <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>Manager</td> <td>Jolyn Seibert</td> <td>323 E. Riverside Dr. #220</td> <td>Eagle</td> <td>ID</td> <td>83616</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Jolyn Seibert	323 E. Riverside Dr. #220	Eagle	ID	83616
Office held	Name	Street or P.O. Address	City	State	Zip										
Manager	Jolyn Seibert	323 E. Riverside Dr. #220	Eagle	ID	83616										
5. Organized Under the Laws of: IDAHO W 26852		6. Signature <u>Jolyn Seibert</u> Date <u>9/15/08</u> Name (Typed or Printed) <u>Jolyn Seibert</u> Title <u>Manager</u>													

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Do Not Tape or Staple

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