No. L 854 Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. NUTRITION CENTER (THE) MIKE BIERMANN 1326 OAKLEY AVE		2	2. Registered Agent and Address (NO PO BOX) MIKE BERMANN 2109 TANNIE HEYBURN ID 83336 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
GENERAL PARTNER	NER SUSAN BIERMANN		2109 TANNIE		HEYBURN	ID	USA	83336
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID L 854		Signature: Mike Biermann			Date: 11/24/2017			
		Name (type or print): Mike Biermann			Title: partner			
Processed 11/24/2017 * Electronically provided signatures are accepted as original signatures.								