| No. W 64901 | | Due no later than Jul 31, 2012 | | 2. Regis | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-------------------------------------|---|---------------------------------|----------------|--|----------|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MIND YOUR BODY, LLC LORI HEAD 234 S MAIN POCATELLO ID 83201 USA | | | LORI J HEAD PHD 234 S MAIN POCATELLO ID 83201 3. New Registered Agent Signature:* | | | | |
| | | | | POCA | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>INEW</u> | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | | | |
| Office Held Na | ıme | | Street or PO Address | City | | State | Country | Postal Code | |
| | LORI J HEAD PHD STELLA SANDQUIST | | 500 BRENT ST 1330 JUNIPER DR | POCAT POCAT | the second of the second | ID ID | USA USA | 83201 83204 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID W 64901 | | Signature: Lori J Head | | | Date: 05/10/2012 | | | | |
| | | Name (type or print): Lori J Head | | | Title: Co-Owner | | | | |
| Processed 05/10/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | | | |