



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only

Re: **-FILED-** 1 form to:
Id: State

File #: 0004868673 statements

450 North 4th Street
Date Filed: 8/24/2022 10:24:00 AM
BOISE, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 424696

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 06/20/2014

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

NATURALLY POTIONS LLC
STE 132
6700 N LINDER RD
MERIDIAN, ID 83646-6604

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

NICOLE HOWARD
1723 S HERVEY ST
BOISE, ID 83705 (ADA COUNTY)

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	SHARON TROUTMAN	57133 6700 N LINDER RD	MERIDIAN, ID 83646
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	NICOLE HOWARD	1723 S. HERVEY ST	BOISE ID 83705
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Nicole L. Howard

(6) Date:

Aug 24, 2022

(7) Type/Print Name:

NICOLE L. HOWARD

(8) Title:

CEO MANAGER

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.

Sign and date this form and return to the address provided above.

B0732-0655 08/24/2022 10:24 AM Received by ID Secretary of State Jennifer Denny