No. W 114874		Due no later than Jun 30, 2014		2. Registered	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. AMRAP NUTRITION, LLC RON W SLAVICK 404 8TH STREET SUITE 200 BOISE ID 83702		404 8TH ST BOISE ID	RONALD W SLAVICK JR 404 8TH STREET SUITE 200 BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		mas and Addresse	s of at least one Member or Manager					
Office Held	Name	mes and Addresse	s of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MEMBER	RON W SLA	AVICK	404 8TH STREET SUITE 200	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 114874		Signature: Ro		Date: 05/28/2014				
		Name (type or		Title: Member				
Processed 05/28/2014 * Electronically provided signatures are accepted as original signatures.								