

No. <b>W 90203</b>		<b>Due no later than Jan 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		AMY PETERSON 805 4TH AVE DR JEROME 83338			
		<b>1. Mailing Address: Correct in this box if needed.</b> BREASTFEEDING SOLUTIONS LLC AMY PETERSON 805 4TH AVE DR JEROME ID 83338 USA		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MINDY HARMER	679 BRISTLECONE DR	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID W 90203</b>		6. Annual Report must be signed.* Signature: Amy Peterson Name (type or print): Amy Peterson Date: 01/31/2015 Title: Agent					
Processed 01/31/2015		* Electronically provided signatures are accepted as original signatures.					