

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