

No. W 94491		Due no later than Jun 30, 2013 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. NATURAL NUTRIENT SOLUTIONS, LLC JOHN COLLINS PO BOX 140818 GARDEN CITY ID 83714		JOHN COLLINS 3067 E SHADOWVIEW EAGLE ID 83616			
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 MEMBER	Name JOHN J COLLINS	Street or PO Address 3067 E SHADOWVIEW		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of: ID W 94491		6. Annual Report must be signed.* Signature: John Collins Name (type or print): John Collins Date: 04/25/2013 Title: Owner					
Processed 04/25/2013 * Electronically provided signatures are accepted as original signatures.							