

No. W 78390	Due no later than Oct 31, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NUTRI LOGIC LLC. TRAVIS L MAXWELL PO BOX 343 NEW PLYMOUTH ID 83655		TRAVIS MAXELL 289 RIVER DOCK RD WEISER ID 83672			
			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
MEMBER	TRAVIS L MAXWELL	289 RIVER DOCK RD	WEISER	ID	USA	83672
5. Organized Under the Laws of: ID W 78390	6. Annual Report must be signed.* Signature: Travis Maxwell Name (type or print): Travis Maxwell		Date: 08/29/2017 Title: Member			
Processed 08/29/2017		* Electronically provided signatures are accepted as original signatures.				