

No. <b>W 85125</b>		<b>Due no later than Jul 31, 2016</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  VAN BEEK NUTRITION, LLC. LAURA D SCHMITT P.O. BOX 27 SIOUX CITY IA 51102 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 RONALD VAN BEEK	Street or PO Address 3689 460TH STREET		City ORANGE CITY	State IA	Country	Postal Code 51041
5. Organized Under the Laws of:  <b>IA</b> <b>W 85125</b>		6. Annual Report must be signed.*  Signature: RONALD VAN BEEK Name (type or print): RONALD VAN BEEK  Date: 06/21/2016 Title: MANAGER					
Processed 06/21/2016 * Electronically provided signatures are accepted as original signatures.							