No. W 112533		Due no later than Mar 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. VITAMIN C, LLC PATRICIA L LEWIS PO BOX 3436 HAILEY ID 83333		PATRICIA L LEWIS 240 MELROSE ST BELLEVUE ID 83313 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of at	least one Member or Manager				
200 90 0	ime	nes and Addresses of at	Street or PO Address	City	State	Country	Postal Code
MEMBER PA	TRICIA L	LEWIS	811 FIRST AVE. N. P. O. BOX 3436	HAILEY	ID	USA	83333-3436
5. Organized Under the Laws of: ID W 112533		6. Annual Report must be signed.* Signature: Patricia L. Lewis Name (type or print): Patricia L. Lewis		Date: 01/19/2013 Title: Owner			
Processed 01/19/2013 * Electronically provided signatures are accepted as original signatures.							