| No. W 97455 | | Due no later than Oct 31, 2011 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|--|---------------------------------------|-----------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | | EDWARD SIMON | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SUN VALLEY NUTRACEUTICALS LLC ED SIMON PO BOX 540 KETCHUM ID 83340 | | KETCHUM II | 180 W 1ST ST #202 KETCHUM ID 83340 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Com | panies: Enter Na | mes and Addresse | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | HALLIE S SHEALY | | BOX 4856 | KETCHUM | ID | USA | 83340-4856 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Ed Simon | | ļ | Date: 10/13/2011 | | | |
| W 97455 | | Name (type or print): Ed Simon | | | Title: Reg Agent | | | |
| Processed 10/13/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |