

|  |                   |   |               |  |                     |
|--|-------------------|---|---------------|--|---------------------|
| No. <b>W 76556</b>   |                   | <b>Due no later than Aug 31, 2015</b>   |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>NATURAL HERBS AND SUPPLIES, LLC<br>JAMES E CLIMER<br>927 S 1950 W<br>PINGREE ID 83277 |               | JAMES E CLIMER<br>927 S 1950 W<br>SPRINGFIELD ID 83277 |                     |
|  |                   |   |               | 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   | WILLIAM JT CLIMER | 6241 DOGWOOD RD SE  | PORT ORCHARD, | WA   | USA 98367           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 76556</b>   |                   | 6. Annual Report must be signed.*<br>Signature: James E. Climer<br>Name (type or print): James E. Climer<br>Date: 10/06/2015<br>Title: member/owner                                     |               |  |                     |
| Processed 10/06/2015   |                   | * Electronically provided signatures are accepted as original signatures.   |               |  |                     |