

No. W 32781		Due no later than Aug 31, 2007		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. NUTRIENT MANAGEMENT SOLUTIONS, LLC ROBERT M OHLENSEHLEN 1255 FILER AVE E TWIN FALLS ID 83301		ROBERT M OHLENSEHLEN 603 WOODLAND DR TWIN FALLS ID 83301					
				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	ROBERT M OHLENSEHLEN	603 WOODLAND DR	TWIN FALLS	ID	USA	83301			
MEMBER	REAGON HATCH	4183 N 1566 E	BUHL	ID	USA	83316			
5. Organized Under the Laws of: ID W 32781		6. Annual Report must be signed.* Signature: Jeana Kienzle Name (type or print): Jeana Kienzle Date: 06/07/2007 Title: Office Manager							
Processed 06/07/2007		* Electronically provided signatures are accepted as original signatures.							