No. W 93503		Due no later than May 31, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. SUPREME NATURAL WEIGHT LOSS LLC JOHN F SCORESBY 3042 OAKWOOD CIR AMMON ID 83406		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1491 CURLE AMMON ID	JOHN F SCORESBY 1491 CURLEW DR AMMON ID 83406 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar								
Office Held Name		nes and Addresse	Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER MEMBER	DEVIN SCORESBY TODD REESE JOHN F SCORESBY		1491 CURLEW DRIVE 1491 CURLEW DRIVE 1491 CURLEW DRIVE	AMMON AMMON AMMON	ID ID ID ID	USA USA USA	83406 83406 83406	
5. Organized Under the Laws of:		6. Annual Repor						
ID W 93503		Signature: Jo		Date: 03/16/2012				
		Name (type o		Title: Manager				
Processed 03/16/2012 * Electronically provided signatures are accepted as original signatures.								