| No. W 123394 | | Due no later than Mar 31, 2017 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|--|---|------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | | KAREN CHRISTENSEN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. LIVING BALANCE NUTRITION, LLC KAREN L CHRISTENSEN 2095 WALTMAN ST MERIDIAN ID 83642 | | MERIDIAN II | 2095 WALTMAN ST MERIDIAN ID 83642 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compan | nies: Enter Nar | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER KAREN L CH | | HRISTENSEN | 2095 W. WALTMAN ST. | MERIDIAN | ID | USA | 83642 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Kare | | Date: 02/26/2017 | | | | |
| W 123394 | | Name (type or | | Title: Owner | | | | |
| Processed 02/26/2017 | | * Electronically pro | Electronically provided signatures are accepted as original signatures. | | | | | |