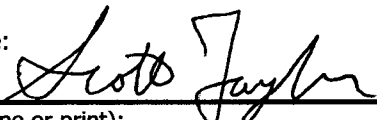


No. W 135503	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL WILDER 530 GLENWOOD CIR RIGBY ID 83442																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GOT 90 NUTRITION LLC 530 GLENWOOD CIR RIGBY ID 83442 481 N. 4154 E. Rigby, ID 83442		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Michael Wilder</td> <td>530 Glenwood Cir</td> <td>Rigby</td> <td>ID</td> <td>Jefferson</td> <td>83442</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Scott Taylor</td> <td>481 N. 4154 E.</td> <td>Rigby</td> <td>ID</td> <td>Jefferson</td> <td>83442</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Aaron Jensen</td> <td>105 Androsia Ave</td> <td>Rexburg</td> <td>ID</td> <td>Madison</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Michael Wilder	530 Glenwood Cir	Rigby	ID	Jefferson	83442	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Scott Taylor	481 N. 4154 E.	Rigby	ID	Jefferson	83442	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Aaron Jensen	105 Androsia Ave	Rexburg	ID	Madison	83440	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 135503 </div>		6. Signature: <u></u> Date: <u>10/6/15</u> <hr/> Name (type or print): <u>Scott Taylor</u> <hr/> Title: <u>Manager</u>																																				
Issued 10/06/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM