

No. <b>W 26852</b>		<b>Due no later than Nov 30, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		JOLYN SEIBERT 4168 N.PONDEROSA PL FEATHERVILLE ID 83647-8701			
		<b>1. Mailing Address: Correct in this box if needed.</b> JOLYN SEIBERT, RD, CNSD, NUTRITION SPECIALISTS, PLLC JOLYN SEIBERT 4168 N, PONDEROSA PLACE FEATHERVILLE ID 83647-8701		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	
MANAGER	JOLYN SEIBERT	1001 N. 27TH ST.	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 26852</b>		Signature: Jolyn Seibert			Date: 11/15/2015		
		Name (type or print): Jolyn Seibert			Title: Manager		
Processed 11/15/2015		* Electronically provided signatures are accepted as original signatures.					