

No. W 125857		Due no later than May 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NO EXCUSES NUTRITION, LLC SARAH E WILKINS 729 W MARIAH AVE NAMPA ID 83686		INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705 USA	
				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	SARAH E WILKINS	729 W MARIAH AVE	NAMPA	ID	USA 83686
5. Organized Under the Laws of: ID W 125857		6. Annual Report must be signed.* Signature: Sarah E Wilkins Name (type or print): Sarah E Wilkins Date: 03/26/2014 Title: Business Owner			
Processed 03/26/2014		* Electronically provided signatures are accepted as original signatures.			