No. W 85125	Due no later than Jul 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. VAN BEEK NUTRITION, LLC. LAURA D SCHMITT 614 PIERCE ST SIOUX CITY IA 51101			2. Registered Agent and Office (NOT A P.O. BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> R	egistered Age	nt Signature.	
4. Limited Liability	Companies: Enter	Names and Addresses	of Managers	s OR Mer	nbers. See I	nstructions.	
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	
Manager 🔀 Member 🛄	Ronald Van Beek	3689 460th Street	Orange (City IA	USA	51041	
Manager Member	Kevin Hoogendoori	3689 460th Street	Orange	City IA	USA	51041	
Manager Member							
Manager Member							
5. Organized Under the Lav	ws of: 6. V	AN BEEK NUTRITION,	LLC				
IOWA	Signature:	Signature: By: Or or ald Very Beck			Date: 07/ 2 / /2014		
W 85125	Name (type o	Name (type or print):				Title:	
	Ronald Van Beek				Mai	Manager	
ssued 07/03/2014 by JL1						122744	