

No. W 26852	Due no later than Nov 30, 2009 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. JOLYN SEIBERT, RD, CNSD, NUTRITION SPECIALISTS, PLLC JOLYN SEIBERT 2472 W. LADLE RAPIDS ST. MERIDIAN ID 83646		JOLYN SEIBERT 2472 W. LADLE RAPIDS ST MERIDIAN ID 83646			
			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	2472 W. LADLE RAPIDS ST	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID W 26852	6. Annual Report must be signed.* Signature: Jolyn Seibert Name (type or print): Jolyn Seibert		Date: 09/10/2009 Title: Manager			
Processed 09/10/2009		* Electronically provided signatures are accepted as original signatures.				