| No. C 157520 | | Due no later than Feb 28, 2018 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------------|--|--|------------------------------|--|----------------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. S & S NUTRITION NETWORK, INC. MAUREEN C SYKES 1603 E. SILVERSPOT LN. BOISE ID 83706 | | 3796 N. WILLO GARDEN CITY | SUZANNE M STILLMAN 3796 N. WILLOWBAR LN. GARDEN CITY ID 83714 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | D :: 1 C : 1 | | | | | |
| Office Held | nes and Busin Name | ess Addresses of | President, Secretary, and Directors. Treason Street or PO Address | urer (optional). City | State | Country | Postal Code | |
| PRESIDENT SUZANNE M STILLMAN SECRETARY MAUREEN C SYKES | | 3796 N. WILLOWBAR LN. 1603 E. SILVERSPOT LN. | GARDEN CITY BOISE | ID ID | USA USA | 83714 83706 | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 157520 | | Signature: Maureen Sykes Name (type or print): Maureen Sykes | | | Date: 02/17/2018 Title: Secretary | | | |
| Processed 02/17/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |