

No. W 74378		Due no later than May 31, 2012		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. SOS HERBALS LLC LAKEL D PERMANN 17944 POLARA WAY NAMPA ID 83687		LAKEL PERMANN 17944 POLARA WAY NAMPA ID 83687			
				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	LAKEL PERMANN	17944 POLARA WAY	NAMPA	ID	USA	83687	
MANAGER	SETH PERMANN	17944 POLARA WAY	NAMPA	ID	USA	83687	
5. Organized Under the Laws of: ID W 74378		6. Annual Report must be signed.* Signature: Lakel Permann Name (type or print): Lakel Permann Date: 03/17/2012 Title: Ceo					
Processed 03/17/2012		* Electronically provided signatures are accepted as original signatures.					