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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------|-------------------------|-------------|--|
| No. <b>W 75541</b>                                                                                                                                     |               | <b>Due no later than Jun 30, 2010</b>                                                                                                                                                      |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>                   |                         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b>                                                                                                                                                                  |             | CHARLES A HOMER<br>1000 RIVERWALK DR STE 200<br>IDAHO FALLS ID 83405 |                         |             |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>NATURAL INNOVATIONS LABORATORIES, LLC<br>CHARLES A HOMER<br>1000 RIVERWALK DR STE 200<br>PO BOX 50130<br>IDAHO FALLS ID 83405 |             | 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                                                                                                                                                | RICHARD KRUPA | 1000 RIVERWALK DR STE 200 PO BOX 50130                                                                                                                                                     | IDAHO FALLS | ID                                                                   | USA                     | 83405       |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                                                          |             |                                                                      |                         |             |  |
| <b>ID<br/>W 75541</b>                                                                                                                                  |               | Signature: Charles A. Homer                                                                                                                                                                |             |                                                                      | Date: 05/03/2010        |             |  |
|                                                                                                                                                        |               | Name (type or print): Charles A. Homer                                                                                                                                                     |             |                                                                      | Title: Registered Agent |             |  |
| Processed 05/03/2010                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |             |                                                                      |                         |             |  |