

No. C 79936		Due no later than Nov 30, 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		1. Mailing Address: Correct in this box if needed. NUTRI-PLUS, INC. TOM OLSEN PO BOX 50039 BOISE ID 83705		TOM OLSEN 3719 GEKELER LANE BOISE ID 83706			
				3. <u>New</u> Registered Agent Signature: *			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TOM OLSEN	PO BOX 50039	BOISE	ID	USA	83705	
5. Organized Under the Laws of: ID C 79936		6. Annual Report must be signed.* Signature: Tom Olsen Name (type or print): Tom Olsen					
		Date: 10/28/2012 Title: President					
Processed 10/28/2012		* Electronically provided signatures are accepted as original signatures.					