

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000002299

**Entity Name:** NU SKIN ENTERPRISES UNITED STATES, INC.**Current Principal Place of Business:**75 WEST CENTER STREET  
PROVO, UT 84601**Current Mailing Address:**75 WEST CENTER STREET  
PROVO, UT 84601**FEI Number:** 87-0627049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title DIRECTOR  
Name HUNT, TRUMAN  
Address 75 W CENTER STREET  
City-State-Zip: PROVO UT 84601

Title VP, DIRECTOR  
Name WOOD, RITCH  
Address 75 W CENTER STREET  
City-State-Zip: PROVO UT 84601

Title SECRETARY  
Name BIANUCCI, LARRY  
Address 75 W CENTER ST  
City-State-Zip: PROVO UT 84601

Title VP  
Name DORNY, D MATTHEW  
Address 75 WEST CENTER STREET  
City-State-Zip: PROVO UT 84601

Title DIRECTOR  
Name NAPIERSKI, RYAN  
Address 75 W CENTER STREET  
City-State-Zip: PROVO UT 84601

Title D, PRESIDENT  
Name WHITEHEAD, TYLER  
Address 75 W CENTER ST  
City-State-Zip: PROVO UT 84601

Title T  
Name LORDS, BRIAN  
Address 75 W CENTER ST  
City-State-Zip: PROVO UT 84601

Title ASST. SECRETARY  
Name KNIGHT, BLAINE  
Address 75 WEST CENTER STREET  
City-State-Zip: PROVO UT 84601

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BLAINE KNIGHT****ASSISTANT SECRETARY 02/16/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date