

No. **J 894**

Due no later than November 30, 2003
Annual Report Form

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 applicable

NATURALLY HEALTH LLP

1395 CAMBRIDGE DR

IDAHO FALLS, ID 83401

2. Registered Agent and Office **NO PO BOX**

DAVE CARPENTER
1395 CAMBRIDGE DR

IDAHO FALLS, ID 83401

3. New Registered Agent Signature

4. Limited Liability Partnerships: No further information is required.

Office held Name

Street or P.O. Address

City

State

Zip

5. Organized Under the Laws of:

IDAHO
J 894

6.

Signature

Name (Typed or
Printed)

Dave Carpenter

Date **10-2-2003**

Title *Registered Agent*