

No. J 894	Due no later than November 30, 2003 Annual Report Form		2. Registered Agent and Office 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 applicable:		DAVE CARPENTER						
	NATURALLY HEALTH LLP 1395 CAMBRIDGE DR IDAHO FALLS, ID 83401		1395 CAMBRIDGE DR IDAHO FALLS, ID 83401						
4. Limited Liability Partnerships: No further information is required. <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>				
5. Organized Under the Laws of: <div style="text-align:center">IDAHO J 894</div>	6. Signature <u><i>Dave Carpenter</i></u> Date <u>10-2-2003</u> Name (Typed or Printed) <u>Dave Carpenter</u> Title <u>Registered Agent/Partner</u>								