No. C 139365		Due no later than Jun 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ALTA HE JUDY HAS 300 MAIN PO BOX S	Annual Report Form 1. Mailing Address: Correct in this box if needed. ALTA HEALTH PRODUCTS, INC. JUDY HASWELL 300 MAIN ST PO BOX 990 IDAHO CITY ID 83631		JUDY HASWELL 300 MAIN ST IDAHO CITY ID 83631 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		es of President, Secretary, and Directors. Treas	surer (optional)				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	HASWELL HASWELL	300 MAIN ST 300 MAIN ST	IDAHO CITY IDAHO CITY	ID ID	USA USA	83631 83631	
5. Organized Under the Laws of	: 6. Annual R	6. Annual Report must be signed.*					
ID	Signatur	Signature: Judy Haswell Date: 04/22/2014					
C 139365	Name (ty	Name (type or print): Judy Haswell			Title: President		
Processed 04/22/2014	* Electronic	* Electronically provided signatures are accepted as original signatures.					