

No. <b>J 894</b>		Due no later than July 31, 2006		2. Registered Agent and Office <b>NO PO BOX</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address - Correct in this box, if applicable NATURALLY HEALTH LLP 1395 CAMBRIDGE DR IDAHO FALLS, ID 83401		DAVE CARPENTER 1395 CAMBRIDGE DR IDAHO FALLS, ID 83401	
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature	
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Mgr.	Dave Carpenter	1395 Cambridge Dr	Idaho Falls	ID	83401
Partner	Darline Newman	3661 Woodhaven Ln.	Idaho Falls	ID	83404
5. Organized Under the Laws of: IDAHO J 894		6. Signature <u>Dave Carpenter</u> Date <u>5/16/2006</u>			
		Name <small>(Typed or Printed)</small> <u>Dave Carpenter</u> Title <u>mgr.</u>			

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Do Not Tape or Staple

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