

No. <b>J 895</b>		<b>Due no later than Jul 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  PATH TO HEALTH LLP DAVE CARPENTER 3989 E. 480 N. RIGBY ID 83442 USA		DAVE CARPENTER ND 3989 E. 480 N. RIGBY ID 83442			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	DAVE CARPENTER	3989 E. 480 N.	RIGBY	ID	USA	83442	
PARTNER	DAVE CARPENTER	3989 E. 480 N.	RIGBY	ID	USA	83442	
5. Organized Under the Laws of:  <b>ID</b> <b>J 895</b>		6. Annual Report must be signed.*  Signature: Dave Carpenter Name (type or print): Dave Carpenter					
		Date: 07/14/2014 Title: Managing Partner					
Processed 07/14/2014 * Electronically provided signatures are accepted as original signatures.							