

No. <b>C 139365</b>		<b>Due no later than Jun 30, 2015</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  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. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JUDY HASWELL	300 MAIN ST	IDAHO CITY	ID	USA	83631	
SECRETARY	JUDY HASWELL	300 MAIN ST	IDAHO CITY	ID	USA	83631	
5. Organized Under the Laws of:  <b>ID</b> <b>C 139365</b>		6. Annual Report must be signed.*  Signature: Judy Haswell Name (type or print): Judy Haswell					
		Date: 04/20/2015 Title: President/CEO					
Processed 04/20/2015		* Electronically provided signatures are accepted as original signatures.					