

No. J 895	Due no later than July 31, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX DAVE CARPENTER 1395 CAMBRIDGE DR IDAHO FALLS, ID 83401																		
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 PATH TO HEALTH LLP 1395 CAMBRIDGE DR IDAHO FALLS, ID 83401	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>mgr</td> <td>Dave Carpenter</td> <td>1395 Cambridge Dr</td> <td>I.F.</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>partner</td> <td>Darline Newman</td> <td>3661 Woodhaven Ln.</td> <td>IF.</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>			<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	I.F.	ID	83401	partner	Darline Newman	3661 Woodhaven Ln.	IF.	ID	83404
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partner	Darline Newman	3661 Woodhaven Ln.	IF.	ID	83404															
5. Organized Under the Laws of: IDAHO J 895	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature <u>Dave Carpenter</u></td> <td style="width: 40%;">Date <u>5/16/2006</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Dave Carpenter</u></td> <td>Title <u>Manager</u></td> </tr> </table>		Signature <u>Dave Carpenter</u>	Date <u>5/16/2006</u>	Name (Typed or Printed) <u>Dave Carpenter</u>	Title <u>Manager</u>														
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