No. **C 180388**	**Due no later than Oct 31, 2009** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
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 needed.** KNOWLES TRUE HEALTH, INC. SANDEE KNOWLES 5195 E LINCOLN RD IDAHO FALLS ID 83401-5769 USA	SANDEE KNOWLES 5195 E LINCOLN RD IDAHO FALLS ID 83401-5769 3. New 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	JOHN P KNOWLES	5195 E. LINCOLN RD	IDAHO FALLS	ID	USA	83401-5769

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 180388**	Signature: SanDee Knowles	Date: 11/01/2009
	Name (type or print): SanDee Knowles	Title: Owner

Processed 11/01/2009

* Electronically provided signatures are accepted as original signatures.