

No. J 894		Due no later than Jul 31, 2015		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		Annual Report Form		DAVE CARPENTER 3989 E. 480 N. RIGBY ID 83442			
		1. Mailing Address: Correct in this box if needed.					
		NATURALLY HEALTH LLP DAVE CARPENTER 3989 E. 480 N. RIGBY ID 83442		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:		6. Annual Report must be signed.*					
ID J 894		Signature: Dave Carpenter				Date: 07/07/2015	
		Name (type or print): Dave Carpenter				Title: Partner	
Processed 07/07/2015		* Electronically provided signatures are accepted as original signatures.					