FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Fuller Kevin Gregory		2. Date of Event Requiring Statement (Month/Day/Year) 09/26/2024	l .	r Name and Ticker or Tradi <u>URES SUNSHINE</u>	r Trading Symbol INE PRODUCTS INC [NATR]			
(Last)	(First)	(Middle)		Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
2901 W. BLUE SUITE 100	GRASS BLVD.			X	Officer (give title below) Global Chief Marke	10% Owner Other (specify below) eting Officer	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person	
(Street) LEHI	UT	84043					Form filed by More than One Reporting Person	
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Beneficially Owned

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Ur Derivative Security (Instr. 4)	Conversion Form: Dire or Exercise (D) or	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Indirect (I) Derivative Security (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Nathan G. Brower as attorneyin-fact for Kevin Gregory Fuller

10/01/2024

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).