No. **W 110811**	**Due no later than Feb 28, 2015** **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.** INTEGRATIVE WELLNESS CENTER LLC WILLIAM IRVING 1906 JAMES CROWE DR HAYDEN ID 83835	WILLIAM IRVING 1906 JAMES CROWE DR HAYDEN 83835 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	WILLIAM S IRVING	1906 JAMES CROWE DR	HAYDEN	ID	USA	83835

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 110811**	Signature: William Irving Name (type or print): William Irving	Date: 01/27/2015 Title: Manager
Processed 01/27/2015	* Electronically provided signatures are accepted as original signatures.	