

|  |                |   |          |   |         |                   |  |
|--|----------------|---|----------|---|---------|-------------------|--|
| No. <b>W 141356</b>  |                | <b>Due no later than Aug 31, 2015</b>   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |                   |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>INTEGRATED HEALTH CENTERS OF IDAHO LLC<br>STEVEN KILLION<br>515 S FITNESS PL STE 120<br>EAGLE ID 83616 |          | STEVEN KILLION<br>1097 N ROSARIO ST #2<br>MERIDIAN ID 83642 |         |                   |  |
|  |                |   |          | 3. <u>New</u> 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       |  |
| MEMBER   | STEVEN KILLION | 1097 N ROSARIO ST #2  | MERIDIAN | ID  | USA     | 83642             |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |          |   |         |                   |  |
| <b>ID<br/>W 141356</b>   |                | Signature: Kyle Kunde   |          |   |         | Date: 07/28/2015  |  |
|  |                | Name (type or print): Kyle Kunde  |          |   |         | Title: Accountant |  |
| Processed 07/28/2015   |                | * Electronically provided signatures are accepted as original signatures.   |          |   |         |                   |  |