No. W 100502		Due no later than Feb 28, 2015		2. Reg	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO NATURO PATHIC MEDICINE LLC SARA RODGERS 6550 W EMERALD ST SUITE 112 BOISE ID 83704		655 BOI	SARA RODGERS 6550 W EMERALD ST STE 1112 BOISE 83704 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of a	at least one Member or Manager.						
Office Held	Name	The aria riaar cocco or o	Street or PO Address	City		State	Country	Postal Code	
MANAGER SARA RODGI		ERS	6550 W EMERALD SUITE 112	BOIS	E	ID	USA	83704	
5. Organized Under the Laws of: ID W 100502		6. Annual Report must be signed.* Signature: Sara Rodgers Name (type or print): Sara Rodgers			Date: 01/14/2015 Title: Owner				
Processed 01/14/2015 * Electronically provided signatures are accepted as original signatures.									