No. W 39532		Due no later than May 31, 2014		2. Registered	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 INTEGRATED HEALTHCARE NETWORK, LLC RHEA MORRISON PO BOX 9778		190 E. BAN	STEVEN W DRAKE 190 E. BANNOCK BOISE ID 83712			
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 83707 USA		3. <u>New</u> Regis	3. <u>New</u> Registered Agent Signature:*			
100 C		mes and Addresses of	at least one Member or Manager.	0.1	CI. I		5	
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	ICHN, LLC IDAHO INTEGRATED IPA, LLC		190 E BANNOCK ST 190 E. BANNOCK STREET	BOISE BOISE	ID ID	USA USA	83712 83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 39532		Signature: Geoffre		Date: 04/25/2014				
		Name (type or prin		Title: Chair				
Processed 04/25/2014		* Electronically provide	ed signatures are accepted as original	l signatures.				