No. W 135480 Return to:		Due no later than Mar 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX) BRIAN FORTUIN, M.D.				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. INTEGRATED HEALTH PARTNERS, PLLC BRIAN FORTUIN 3819 N 2538 E TWIN FALLS ID 83301		_	3819 N 2538 E TWIN FALLS 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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	BRIAN W FO	ORTUIN	3819N 2538E		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Brian Fortuin			Date: 01/19/2015			
W 135480		Name (type or print): Brian Fortuin			Title: member			
Processed 01/19/2015	Processed 01/19/2015 * Electronically provided signatures are accepted as original signatures.							