

No. W 114413	Due no later than May 31, 2016 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. IMAGO DEL INSTITUTE, LLC DR. G.C. DILSAVER 1802 N 15TH ST COEUR D'ALENE ID 83814		DR GREGORY C DILSAVER PSYD MTS 1802 N 15TH ST COEUR D ALENE ID 83814			
			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
MANAGER	DR. G.C. DILSAVER	1802 N 15TH STREET	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 114413		6. Annual Report must be signed.* Signature: Gregory Dilsaver Name (type or print): Gregory Dilsaver		Date: 03/31/2016 Title: Dr		
Processed 03/31/2016		* Electronically provided signatures are accepted as original signatures.				