

No. W 104045		Due no later than Jun 30, 2012 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		1. Mailing Address: Correct in this box if needed. LEWISTON INTEGRATIVE HEALTH, LLC KURT BAILEY 3510 12TH ST STE 200 LEWISTON ID 83501		KURT BAILEY 3510 12TH ST STE 200 LEWISTON ID 83501			
NO FILING FEE IF RECEIVED BY DUE DATE				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	KAREN BAILEY	3510 12TH ST 200	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID W 104045		6. Annual Report must be signed.* Signature: K Bailey Name (type or print): K Bailey Date: 04/17/2012 Title: Manager					
Processed 04/17/2012 * Electronically provided signatures are accepted as original signatures.							