

No. W 69849	Due no later than 12/31/2009	2. Registered Agent and Address (NO PO BOX)												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. INNOVATIVE HEALTH SERVICES, LLC 110 N WASHINGTON AVE EMMETT ID 83617 <i>Address changed to 126 N. Washington Ave, Emmett, Id, 83617</i>	DR LARRY E CROMWELL ND 110 N WASHINGTON AVE EMMETT ID 83617 <i>Change to 126 N. Washington</i> 3. <u>New</u> Registered Agent Signature:												
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Mg Member</td> <td>DR Larry E. Cromwell ND</td> <td>126 N. Washington Ave,</td> <td>Emmett, Id.</td> <td>ND</td> <td>83617</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Zip	Mg Member	DR Larry E. Cromwell ND	126 N. Washington Ave,	Emmett, Id.	ND	83617
Office Held	Name	Street or PO Address	City	State	Zip									
Mg Member	DR Larry E. Cromwell ND	126 N. Washington Ave,	Emmett, Id.	ND	83617									
5. Organized Under the Laws of: ID W 69849	6. Annual Report must be signed. Signature: <i>[Signature]</i> Date: 10-20-09 Name(type or print): DR Larry E Cromwell ND Title: MANAGING MEMBER													

Issued 10/13/2009 by LJM

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM