No. <b>W 144215</b>		Due no later than Nov 30, 2015		[:	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.  FIT 4 LIFE INTEGRATED HEALTH CLINIC PLLC 2086 E 25TH ST IDAHO FALLS ID 83404		BADEN PATTERSON 3110 MOLEN ST AMMON ID 83406  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		nes and Addresses	of at least one Member or Manager					
700 97 2	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER BADEN PATT		TERSON	3110 MOLEN ST.		AMMON	ID	USA	83406
5. Organized Under the Laws of:  ID  W 144215		6. Annual Report must be signed.* Signature: Baden Patterson Name (type or print): Baden Patterson			Date: 12/18/2015 Title: Owner			
Processed 12/18/2015			vided signatures are accepted as origin	nal signa	tures.			