

No. W 104044	Due no later than Jun 30, 2015 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. CLEARWATER INTEGRATIVE MEDICINE, LLC KURT BAILEY 3510 12TH ST STE 200 LEWISTON ID 83501	KURT BAILEY 3510 12TH ST STE 200 LEWISTON ID 83501				
		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 104044	6. Annual Report must be signed.* Signature: K Bailey Name (type or print): K Bailey Date: 06/06/2015 Title: Manager					
Processed 06/06/2015		* Electronically provided signatures are accepted as original signatures.				