

No. **W 27087**

Due no later than November 30, 2005

Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

IDAHO COMPLEMENTARY HEALTHCARE, LLC
2912 PLEASANTON AVE
BOISE, ID 83702

2. Registered Agent and Office NO PO BOX

EMILY SEVERANCE *Yuen*
~~4770 W STATE ST #217~~ 2912 Pleasanton Ave
BOISE, ID 83702

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

Emily Yuen

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Emily Yuen ↑ new lastname same person	2912 Pleasanton Ave	Boise	ID	83706

5. Organized Under the Laws of:
**IDAHO
W 27087**

6.

Signature

Emily Yuen

Date

9/6/05

Name

(Typed or
Printed)

Emily Yuen

Title

Manager

200511001194

Issued 09/01/2005

Do Not Tape or Staple