

No. W 125837		Due no later than May 31, 2014		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. INTERMOUNTAIN FUNCTIONAL MEDICINE PLLC KATHRYN BOWEN 13966 W. WAINWRIGHT DR. BOISE ID 83713		KATHRYN BOWEN 13966 W. WAINWRIGHT DR. BOISE ID 83713			
				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	KATHRYN BOWEN	1836 S OWL RIDGE WAY	BOISE	ID	USA	83709-2376	
5. Organized Under the Laws of: ID W 125837		6. Annual Report must be signed.* Signature: K. Bowen Name (type or print): K. Bowen Date: 03/28/2014 Title: Member					
Processed 03/28/2014		* Electronically provided signatures are accepted as original signatures.					