

No. C 109534		Due no later than Feb 28, 2017 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. FUNCTIONAL AND INTEGRATIVE MEDICINE OF IDAHO, P.A. GAIL EBERHARTER P.O. BOX 1043 MCCALL ID 83638-1043 USA		CHRIS BEESON 277 N 6TH ST STE 200 PARK PLACE BOISE ID 83701			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	BRUCE RANKIN	P.O. BOX 1043	MCCALL	ID	USA	83638-1043	
PRESIDENT	GAIL EBERHARTER MD	P.O. BOX 1043	MCCALL	ID	USA	83638-1043	
5. Organized Under the Laws of: ID C 109534		6. Annual Report must be signed.* Signature: Ross Lamm Name (type or print): Ross Lamm					
		Date: 02/15/2017 Title:					
Processed 02/15/2017		* Electronically provided signatures are accepted as original signatures.					