No. **C 140147**	**Due no later than Aug 31, 2016** **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.** BUTTERFLY MEDICINE INSTITUTE, INC. LILY FINCH 2900 N GOVERNMENT WAY #304 COEUR D'ALENE ID 83815	LILY E FINCH 2900 N GOVERNMENT WAY #304 COEUR D'ALENE ID 83815 3. New 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
PRESIDENT	LILY E FINCH	2900 N GOVERNMENT WAY 304	COEUR D ALENE	ID	USA	83815-3751

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 140147**	Signature: LILY FINCH Name (type or print): LILY FINCH	Date: 07/11/2016 Title: OWNER

Processed 07/11/2016

* Electronically provided signatures are accepted as original signatures.