

No. W 84273	Due no later than May 31, 2010 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. ALTERNATIVE MEDICINE & DIAGNOSTIC CENTER LLC RENEE DEVELLE 450 S MERIDIAN RD #95 MERIDIAN ID 83642		RENEE DEVELLE 450 S MERIDIAN RD #95 MERIDIAN ID 83642			
			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
MANAGER	RENEE DEVELLE	450 S. MERIDIAN RD. #95	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: ID W 84273	6. Annual Report must be signed.* Signature: Renee Develle Name (type or print): Renee Develle		Date: 03/15/2010 Title: Manager			
Processed 03/15/2010		* Electronically provided signatures are accepted as original signatures.				