No. **W 104045**	**Due no later than Jun 30, 2014** **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.** LEWISTON INTEGRATIVE HEALTH, LLC KURT BAILEY 3510 12TH ST STE 200 LEWISTON ID 83501	KURT BAILEY 3510 12TH ST STE 200 LEWISTON ID 83501 3. New 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	KAREN BAILEY	3510 12TH ST 200	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 104045**	Signature: K Bailey Name (type or print): K Bailey	Date: 05/28/2014 Title: Manager

Processed 05/28/2014

* Electronically provided signatures are accepted as original signatures.