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| No. W 85849 | Due no later than Aug 31, 2012 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. | | LEA FLOCCHINI MORGAN 221 SOUTH RIVER STREET SUITE 1A HAILEY ID 83333 | | | |
| | INTEGRATIVE MOVEMENT, LLC LEA FLOCCHINI MORGAN PO BOX 1191 HAILEY ID 83333 | | 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 | MARK E MORGAN | P. O. BOX 1191 | HAILEY | ID | USA | 83333-83333 |
| 5. Organized Under the Laws of: ID W 85849 | | 6. Annual Report must be signed.* Signature: Lea Flocchini Morgan Name (type or print): Lea Flocchini Morgan Date: 09/19/2012 Title: President/owner | | | | |
| Processed 09/19/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | |