No. <b>W 85849</b>		Due no later than Aug 31, 2012			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  INTEGRATIVE MOVEMENT, LLC LEA FLOCCHINI MORGAN PO BOX 1191 HAILEY ID 83333			LEA FLOCCHINI MORGAN 221 SOUTH RIVER STREET SUITE 1A HAILEY ID 83333  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE			as of at least are Marshau at Managar					
Office Held	Name	nes and Address	es of at least one Member or Manager. 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:		6. Annual Report must be signed.*						
ID W 85849		Signature: Lea Flocchini Morgan Date: 09/19/2012						
		Name (type or print): Lea Flocchini Morgan			Title: President/owner			
Processed 09/19/2012		* Electronically provided signatures are accepted as original signatures.						