No. **W 12031**	**Due no later than May 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.** COMPLEMENTARY INTEGRATED HEALTH CARE LLC CHARMAINE ALLEN-JOHNSON 165 SOUTHPORT AVE LEWISTON ID 83501	CHARMAINE R ALLEN 165 SOUTHPORT AVE 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	CHARMAINE ALLEN-JOHNSON	165 SOUTHPORT AVE	LEWISTON	ID		83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 12031**	Signature: Charmaine Allen-Johnson	Date: 05/26/2016
	Name (type or print): Charmaine Allen-Johnson	Title: Owner

Processed 05/26/2016

* Electronically provided signatures are accepted as original signatures.