

No. <b>W 87616</b>		Due no later than Oct 31, 2015		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> INNOVATIVE HEALTH SOLUTIONS LLC BRITTANY PEW P.O BOX 577 MOYIE SPRINGS ID 83845		LAUREN GUENTZLER 73893 HWY 2 MOYIE SPRINGS ID 83845	
				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	LESLEE V AMES	6720 MAIN ST	BONNERS FERRY	ID	USA 83805
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
<b>ID W 87616</b>		Signature: Brittany Pew		Date: 10/26/2015	
		Name (type or print): Brittany Pew		Title: Office clerk	
Processed 10/26/2015		* Electronically provided signatures are accepted as original signatures.			