

No. W 135480		Due no later than Mar 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. INTEGRATED HEALTH PARTNERS, PLLC BRIAN FORTUIN 3819 N 2538 E TWIN FALLS ID 83301		BRIAN FORTUIN, M.D. 3819 N 2538 E TWIN FALLS ID 83301	
				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	BRIAN W FORTUIN	3819N 2538E	TWIN FALLS	ID	USA 83301
5. Organized Under the Laws of: ID W 135480		6. Annual Report must be signed.* Signature: brian Fortuin Name (type or print): brian Fortuin Date: 01/19/2016 Title: member			
Processed 01/19/2016		* Electronically provided signatures are accepted as original signatures.			