

No. W 27087

Due no later than November 30, 2007

Annual Report Form

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

IDAHO COMPLEMENTARY HEALTHCARE, LLC  
2912 PLEASANTON AVE  
BOISE, ID 83702

2. Registered Agent and Office NO PO BOX

EMILY YUEN  
2912 PLEASANTON AVE  
BOISE, ID 83702

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Emily Yuen	2912 Pleasanton Ave	Boise	ID	83702
manager	Timothy Yuen	2912 Pleasanton Ave	Boise	ID	83702

5. Organized Under the Laws of:  
IDAHO  
W 27087

6.

Signature

*Emily Yuen*

Date

12/10/07

Name (Typed or Printed)

Emily Yuen

Title

Manager

Issued 09/04/2007

Do Not Tape or Staple

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