

No. W 115493	Due no later than Jul 31, 2015 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. INTEGRATIVE MEDICINE OF IDAHO PLLC MARY K. MIGLIORI MD PO BOX 418 BOISE ID 83701-0418 USA		MARK K MIGLIORI MD 2200 E. WARM SPRING AVE SUITE 102 BOISE ID 83701-0418			
			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
MANAGER	MARY K. MIGLIORIMD	PO BOX 418	BOISE	ID	USA	83701-0418
5. Organized Under the Laws of: ID W 115493	6. Annual Report must be signed.* Signature: Mary K. Migliori MD Name (type or print): Mary K. Migliori MD		Date: 06/02/2015 Title: manager			
Processed 06/02/2015		* Electronically provided signatures are accepted as original signatures.				