

| | | | | | | | |
|--|---------------------|--|---------|--|---------|-------------|--|
| No. C 208949 | | Due no later than Feb 28, 2018 | | 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. INTEGRATED COUNSELING AND WELLNESS INC. LUKE S EINERSON 101 E MAIN STREET SUITE 210 REXBURG ID 83440 USA | | INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83705 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY | KELLY F SOMMER | 101 E MAIN STREET SUITE 210 | REXBURG | ID | USA | 83440 | |
| SECRETARY | AMIE ROBIN EINERSON | 101 E MAIN STREET SUITE 210 | REXBURG | ID | USA | 83440 | |
| DIRECTOR | LUKE SCOTT EINERSON | 101 MAIN STREET SUITE 210 | REXBURG | ID | USA | 83440 | |
| PRESIDENT | LUKE SCOTT EINERSON | 101 E MAIN STREET SUITE 210 | REXBURG | ID | USA | 83440 | |
| 5. Organized Under the Laws of: ID C 208949 | | 6. Annual Report must be signed.* Signature: Kelly F Sommer Name (type or print): Kelly F Sommer Date: 01/10/2018 Title: Office Manager | | | | | |
| Processed 01/10/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |