

No. C 109534		Due no later than Feb 28, 2011		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		CHRIS BEESON 277 N 6TH ST STE 200 PARK PLACE BOISE ID 83701			
		1. Mailing Address: Correct in this box if needed. FUNCTIONAL AND INTEGRATIVE MEDICINE OF IDAHO, P.A. GAIL EBERHARTER 7350 N GARY LANE BOISE ID 83714 USA		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	BRUCE RANKIN	7350 GARY LANE	BOISE	ID	USA	83714	
PRESIDENT	GAIL EBERHARTER MD	7350 GARY LANE	BOISE	ID	USA	83714	
5. Organized Under the Laws of: ID C 109534		6. Annual Report must be signed.* Signature: Gail Eberharter Name (type or print): Gail Eberharter Date: 02/23/2011 Title: President					
Processed 02/23/2011		* Electronically provided signatures are accepted as original signatures.					