

No. W 85849		Due no later than Aug 31, 2011		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 MOVEMENT, LLC LEA FLOCCHINI MORGAN PO BOX 1191 HAILEY ID 83333		LEA FLOCCHINI MORGAN 221 SOUTH RIVER STREET SUITE 1A HAILEY ID 83333		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	MARK E MORGAN	P. O. BOX 1191	HAILEY	ID	USA	83333-83333	
5. Organized Under the Laws of: ID W 85849		6. Annual Report must be signed.* Signature: Lea Flocchini Morgan Name (type or print): Lea Flocchini Morgan					
Processed 06/21/2011		Date: 06/21/2011 Title: Owner					
* Electronically provided signatures are accepted as original signatures.							