No. W 136551	Due no later than Apr 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. STEVENS INTEGRATIVE THERAPIES, LLC BARBARA A. STEVENS 6263 W GENEVA ST BOISE ID 83703		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			7154 W STA BOISE ID	BARBARA A STEVENS 7154 W STATE ST #184 BOISE ID 83714 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	mas and Addresse	s of at least one Member or Manager					
4. Limited Liability Companies: Enter Na Office Held Name	imes and Addresse	Street or PO Address	City	State	Country	Postal Code	
MEMBER BARBARA A	STEVENS	7154 W. STATE ST. #184	BOISE	ID	USA	83714	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: bar	bara A. Stevens		Date: 03/07/2016			
W 136551	Name (type or		Title: member				
Processed 03/07/2016	* Electronically provided signatures are accepted as original signatures.						