

No. <b>W 105871</b>		<b>Due no later than Aug 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  INTEGRATIVE MEDICINE OF LEWISTON, LLC KAREN BAILEY 3510 12TH ST STE 200 LEWISTON ID 83501		KURT BAILEY 3510 12TH ST STE 200 LEWISTON ID 83501			
				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	KURT BAILEY	3510 12TH ST, 200	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 105871</b>		Signature: Kbailey				Date: 06/13/2013	
		Name (type or print): Kbailey				Title: Manager	
Processed 06/13/2013		* Electronically provided signatures are accepted as original signatures.					