

No. W 68418	Due no later than Nov 30, 2009 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 HEALTH ASSOICATES, LLC 450 W STATE ST STE 250 EAGLE ID 83616		CHRISTOPHER PEINE 450 W STATE ST STE 250 EAGLE ID 83616			
			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	CHRISTOPHER PEINE D.O.	13387 N 5TH AVE	BOISE	ID	USA	83714
MEMBER	LAUREN SCOTT	2740 W CROSSLAND DR	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID W 68418	6. Annual Report must be signed.* Signature: Lauren Scott Name (type or print): Lauren Scott		Date: 09/14/2009 Title: Member			
Processed 09/14/2009		* Electronically provided signatures are accepted as original signatures.				