

No. <b>W 85849</b>		<b>Due no later than Aug 31, 2014</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  INTEGRATIVE MOVEMENT, LLC LEA FLOCCHINI MORGAN PO BOX 111 HAILEY ID 83333		LEA FLOCCHINI MORGAN 221 SOUTH RIVER STREET SUITE 1A HAILEY ID 83333		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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:  <b>ID</b> <b>W 85849</b>		6. Annual Report must be signed.*  Signature: Lea Flocchini Morgan Name (type or print): Lea Flocchini Morgan				
Processed 07/04/2014		Date: 07/04/2014 Title: Owner  * Electronically provided signatures are accepted as original signatures.				