

No. W 85849		Due no later than Aug 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. INTEGRATIVE MOVEMENT, LLC LEA FLOCCHINI MORGAN PO BOX 111 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 Date: 07/04/2014 Title: Owner			
Processed 07/04/2014		* Electronically provided signatures are accepted as original signatures.			