

No. W 115493	Due no later than Jul 31, 2018 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 MEDICINE OF IDAHO PLLC MARY K. MIGLIORI MD PO BOX 418 BOISE ID 83701-0418	MARY K MIGLIORI MD 2200 E WARM SPRING AVE SUITE 102 BOISE ID 83712-8371 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
MANAGER	MARY K. MIGLIORI MD	2200 E WARM SPRINGS AVE STE 102	BOISE	ID	USA	83701-0418
5. Organized Under the Laws of: ID W 115493	6. Annual Report must be signed.* Signature: Mary Migliori MD Name (type or print): Mary Migliori MD		Date: 07/03/2018 Title: Director			
Processed 07/03/2018		* Electronically provided signatures are accepted as original signatures.				