

No. <b>W 110811</b>		<b>Due no later than Feb 29, 2016</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 WELLNESS CENTER LLC WILLIAM IRVING 1906 JAMES CROWE DR HAYDEN ID 83835		WILLIAM IRVING 1906 JAMES CROWE DR HAYDEN ID 83835			
				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	WILLIAM S IRVING	1906 JAMES CROWE DR	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 110811</b>		Signature: William Irving				Date: 03/26/2016	
		Name (type or print): William Irving				Title: Manager	
Processed 03/26/2016		* Electronically provided signatures are accepted as original signatures.					