

No. C 140147		Due no later than Aug 31, 2015		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. BUTTERFLY MEDICINE INSTITUTE, INC. LILY FINCH 2900 N GOVERNMENT WAY #304 COEUR D'ALENE ID 83815		LILY E FINCH 2900 N GOVERNMENT WAY #304 COEUR D'ALENE ID 83815	
				3. <u>New</u> Registered Agent Signature: *	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRESIDENT	LILY E FINCH	2900 N GOVERNMENT WAY 304	COEUR D ALENE	ID	USA 83815-3751
5. Organized Under the Laws of: ID C 140147		6. Annual Report must be signed.* Signature: LILY FINCH Name (type or print): LILY FINCH Date: 09/06/2015 Title: PRESIDENT			
Processed 09/06/2015		* Electronically provided signatures are accepted as original signatures.			