

No. <b>W 68418</b>	<b>Due no later than Nov 30, 2010</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		CHRISTOPHER PEINE 450 W STATE ST STE 250 EAGLE ID 83616			
	INTEGRATIVE HEALTH ASSOICATES, LLC LAUREN SCOTT 450 W STATE ST STE 250 EAGLE ID 83616		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	CHRISTOPHER PEINE D.O.	13387 N 5TH AVE	BOISE	ID	USA	83714
MEMBER	LAUREN SCOTT	2740 W CROSSLAND DR	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of:  <b>ID W 68418</b>	6. Annual Report must be signed.*					
			Signature: Lauren Scott		Date: 09/16/2010	
			Name (type or print): Lauren Scott		Title: Member	
Processed 09/16/2010		* Electronically provided signatures are accepted as original signatures.				