

|  |              |   |       |   |         |             |  |
|--|--------------|---|-------|---|---------|-------------|--|
| No. <b>W 27087</b>   |              | Due no later than Nov 30, 2009  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>IDAHO COMPLEMENTARY HEALTHCARE, LLC<br>2912 PLEASANTON AVE<br>BOISE ID 83702 |       | EMILY YUEN<br>2912 PLEASANTON AVE<br>BOISE ID 83702 |         |             |  |
|  |              |   |       | 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  | EMILY YUEN   | 2912 PLEASANTON AVE   | BOISE | ID  | USA     | 83702       |  |
| MANAGER  | TIMOTHY YUEN | 2912 PLEASANTON AVE   | BOISE | ID  | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 27087</b>   |              | 6. Annual Report must be signed.*<br>Signature: Timothy Yuen<br>Name (type or print): Timothy Yuen  |       |   |         |             |  |
|  |              | Date: 09/23/2009<br>Title: Manager  |       |   |         |             |  |
| Processed 09/23/2009   |              | * Electronically provided signatures are accepted as original signatures.   |       |   |         |             |  |