

No. W 88637		Due no later than Dec 31, 2017 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		1. Mailing Address: Correct in this box if needed. INTRINSIC HEALING CENTER, LLC MARCELLA SLIGAR 4013 N 3550 E KIMBERLY ID 83341		MARCELLA SLIGAR 4013 N 3550 E KIMBERLY ID 83341			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name MARCELLA SLIGAR	Street or PO Address 4013 N 3550 E		City KIMBERLY	State ID	Country USA	Postal Code 83341
5. Organized Under the Laws of: ID W 88637		6. Annual Report must be signed.* Signature: Marcella Sligar Name (type or print): Marcella Sligar Date: 11/16/2017 Title: Member					
Processed 11/16/2017 * Electronically provided signatures are accepted as original signatures.							