

No. W 27087		Due no later than Nov 30, 2011		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		EMILY YUEN 2912 PLEASANTON AVE BOISE ID 83702			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		IDAHO COMPLEMENTARY HEALTHCARE, LLC EMILY S YUEN 2912 PLEASANTON AVE BOISE ID 83702 USA					
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	BOISE	ID	USA	83702	
MANAGER	TIMOTHY YUEN	2912 PLEASANTON AVE	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID W 27087		6. Annual Report must be signed.* Signature: Emily Yuen Name (type or print): Emily Yuen					
		Date: 11/13/2011 Title: Registered Agent & Manager					
Processed 11/13/2011		* Electronically provided signatures are accepted as original signatures.					