No. W 100502		Due no later than Feb 29, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO NATURO PATHIC MEDICINE LLC SARA RODGERS 6550 W EMERALD ST 112 BOISE ID 83704-8780		6550 W EM SUITE 112 BOISE ID	SARA RODGERS 6550 W EMERALD ST SUITE 112 BOISE ID 83704-8780 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		USA						
4. Limited Liability Com	ipanies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MANAGER SARA RODGERS		6550 W EMERALD SUITE 112	BOISE	ID	USA	83704-8780	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sara Rodgers			Date: 12/21/2015			
W 100502		Name (type or print): Sara Rodgers		Title: Ownder				
Processed 12/21/2015 * Electronically provided signatures are accepted as original signatures.								