

No. W 12031		Due no later than May 31, 2010		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 1. Mailing Address: Correct in this box if needed. COMPLIMENTARY INTEGRATED HEALTH CARE LLC CHARMAINE R ALLEN 165 SOUTHPORT AVE LEWISTON ID 83501		CHARMAINE R ALLEN 165 SOUTHPORT AVE LEWISTON ID 83501	
				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	CHARMAINE R ALLEN	165 SOUTHPORT AVE	LEWISTON	ID	USA 83501
5. Organized Under the Laws of: ID W 12031		6. Annual Report must be signed.* Signature: Charmaine Allen Name (type or print): Charmaine Allen Date: 06/21/2010 Title: Member/owner			
Processed 06/21/2010		* Electronically provided signatures are accepted as original signatures.			