

No. W 87616	Due no later than Oct 31, 2012 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. INNOVATIVE HEALTH SOLUTIONS LLC BRITTANY COPPERNOLL 6720 S MAIN ST BONNERS FERRY ID 83805 USA		LAUREN GUENTZLER 73893 HWY 2 MOYIE SPRINGS ID 83845			
			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	LESLEE V AMES	6720 MAIN ST	BONNERS FERRY	ID	USA	83805
5. Organized Under the Laws of: ID W 87616		6. Annual Report must be signed.* Signature: LesLee V Ames Name (type or print): LesLee V Ames Date: 09/05/2012 Title: Office Manager				
Processed 09/05/2012		* Electronically provided signatures are accepted as original signatures.				