| No. W 58764 | Due no later than Feb 29, 2016 | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|---|---|---------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 | 1. Mailing Address: Correct in this box if needed. ASPIRE COUNSELING LLC | 14880 ALKM | GINNY NOYES 14880 ALKMAAR STREET CALDWELL ID 83607-0804 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | GINNY NOYES 14880 ALKMAAR STREET CALDWELL ID 83607-0804 | 3. New 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 | |
| MANAGER GINNY NO MANAGER BILL NOY | | CALDWELL CALDWELL | ID ID | | 83607 83607 | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Ginny Noyes | Date: 03/23/2016 | | | | |
| W 58764 | Name (type or print): Ginny Noyes | | Title: Owner | | | |
| Processed 03/23/2016 | * Electronically provided signatures are accepted as original signatures. | | | | | |