No. W 149873		Due no later than Apr 30, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LINDA BOWEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KAT BOWEN COUNSELING, PLLC LINDA BOWEN 123 E 44TH ST #A GARDEN CITY ID 83714		BOISE ID	5918 W FLAMINGO DR BOISE ID 83704 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: 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 LINDA KATH		IELENE BOWEN	5918 W FLAMINGO DR	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Linda Bowen			Date: 04/12/2018			
W 149873		Name (type or print): Linda Bowen			Title: owner			
Processed 04/12/2018	rocessed 04/12/2018 * Electronically provided signatures are accepted as original signatures.							