

No. <b>W 34646</b>		<b>Due no later than Nov 30, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> RIVERWOOD COUNSELING, LLC PATTY A BULLICK KOOTENAI MEDICAL CENTER 2003 KOOTENAI HEALTH WAY # 310 COEUR D ALENE ID 83814-2611 USA		PATTY BULLICK KOOTENAI MEDICAL CENTER 2003 KOOTENAI HEALTH WAY # 310 COEUR D'ALENE ID 83814	
				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
MANAGER	PATTY BULLICK	KOOTENAI MEDICAL CENTER 2003 KOOTENAI HEALTH WAY # 310	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of:  <b>ID W 34646</b>		6. Annual Report must be signed.* Signature: Patty Bullick Name (type or print): Patty Bullick			
Date: 09/13/2010 Title: Owner					
Processed 09/13/2010		* Electronically provided signatures are accepted as original signatures.			