

No. W 135063	Due no later than Mar 31, 2016 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. REDFORD COUNSELING & FAMILY SERVICES PLLC B ROBB REDFORD 1501 BENCH RD POCATELLO ID 83201		B ROBB REDFORD 1501 BENCH RD POCATELLO ID 83201			
			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	RALENE L. REDFORD	1797 STARLITE ST	POCATELLO	ID	USA	83201
MANAGER	B. ROBB REDFORD	1501 BENCH RD	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 135063	6. Annual Report must be signed.* Signature: B. Robb Redford Name (type or print): B. Robb Redford		Date: 05/11/2016 Title: Owner			
Processed 05/11/2016		* Electronically provided signatures are accepted as original signatures.				