

No. W 75877		Due no later than Jul 31, 2015		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		Annual Report Form		DR LAVONNA D PATTERSON 5003 SHADOW CREEK DR IDAHO FALLS ID 83401	
		1. Mailing Address: Correct in this box if needed. PATTERSON COMPASSIONATE COUNSELING, LLC LAVONNA D PATTERSON 115 16TH STREET PO BOX 50977 IDAHO FALLS ID 83405-0977 USA		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	LAVONNA D PATTERSON	5003 SHADOW CREEK DRIVE	IDAHO FALLS	ID	USA 83401
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 75877		Signature: LaVonna Patterson		Date: 06/29/2015	
		Name (type or print): LaVonna Patterson		Title: Licensed Psychologist	
Processed 06/29/2015		* Electronically provided signatures are accepted as original signatures.			