

No. W 166563	Due no later than May 31, 2018 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. COUNSELING AND NEUROFEEDBACK CENTER LLC. (THE) PO BOX 5597 TWIN FALLS ID 83303		WILLIAM ANTHONY KEZELE 4370 STONEBROOK LANE IDAHO FALLS ID 83404			
			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	MATTHEW JORDAN KEZELE	PO BOX 5597	TWIN FALLS	ID	USA	83301
MANAGER	WILLIAM ANTHONY KEZELE	PO BOX 5597	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 166563	6. Annual Report must be signed.* Signature: William Anthony Kezele Name (type or print): William Anthony Kezele		Date: 05/14/2018 Title: Agent/Officer			
Processed 05/14/2018		* Electronically provided signatures are accepted as original signatures.				