

No. W 34646

Due no later than November 30, 2007

Annual Report Form

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

RIVERWOOD COUNSELING, LLC
KOOTENAI MEDICAL CENTER
2003 LINCOLN ~~CENTER~~ STE 310 ← Lincoln Way
COEUR D ALENE, ID 83814

2. Registered Agent and Office NO PO BOX

PATTY BULLICK
KOOTENAI MEDICAL CENTER
2003 LINCOLN WAY STE 310
COEUR D ALENE, ID 83814

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held

Name

Street or P.O. Address

City

State

Zip

Owner Patty Bullick 8323 N. Tartan Dr. Hayden ID 83835

5. Organized Under the Laws of:

IDAHO
W 34646

6.

Signature

Patty Bullick

Date

9-10-07

Name

(Typed or
Printed)

PATTY BULLICK

Title

Owner

Issued 09/04/2007

Do Not Tape or Staple

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