No. W 86816		Due no later than Sep 30, 2017		2. I	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. EATING DISORDER CENTER, LLC (THE) KRISTI L SHOHET 2584 N STOKESBERRY MERIDIAN ID 83646		1	KRISTI L SHOHET 2584 N STOKESBERRY MERIDIAN ID 83646 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar				3.1	negister	- I gene of	gracure.	
Office Held	Name		Street or PO Address	С	ity	State	Country	Postal Code
MEMBER	BER KRISTI L SHO		2584 N. STOKESBERRY	М	ERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID W 86816		6. Annual Report must be signed.* Signature: Kristi Shohet Name (type or print): Kristi Shohet			Date: 07/24/2017 Title: Owner			
Processed 07/24/2017 * Electronically provided signatures are accepted as original signatures.								