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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 115864</b>                                                                                                                                    |                 | <b>Due no later than Jul 31, 2017</b>                                                                                                                                                   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>             |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>GEH COUNSELING, LLC<br>GREG E HUNSAKER<br>4460 CENTRAL WAY STE 2<br>CHUBBUCK ID 83202 |          | GREG E HUNSAKER<br>4460 CENTRAL WAY STE 2<br>CHUBBUCK ID 83202 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                         |          | 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                                                                                                                                                | GREG E HUNSAKER | 2398 EAST PRICE ROAD                                                                                                                                                                    | MCCAMMON | ID                                                             | USA     | 83250       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 115864</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Greg E Hunsaker<br>Name (type or print): Greg E Hunsaker<br>Date: 06/12/2017<br>Title: Manager                                          |          |                                                                |         |             |  |
| Processed 06/12/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                               |          |                                                                |         |             |  |