No. W 87632	Due no later than Oct 31, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			CHRISTINE L KLOVER			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. CHRIS KLOVER COUNSELING, LLC CHRISTINE L KLOVER 5703 PARAPET CT			5703 PARAPET CT BOISE ID 83703-3229			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			50152 15				
	BOISE ID 83703-3229		3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CHRISTINE	L KLOVER	5703 PARAPET COURT	BOISE	ID	USA	83703	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Ch		Date: 09/03/2014				
W 87632	Name (type o		Title: Manager				
Processed 09/03/2014	* Electronically provided signatures are accepted as original signatures.						