

No. W 67972		Due no later than Oct 31, 2014 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		1. Mailing Address: Correct in this box if needed. CENTRAL MOUNTAINS COUNSELING, PLLC JACOB W WILSON PO BOX 2553 MCCALL ID 83638 USA		JACOB WILSON 301 DEINHARD MCCALL ID 83638			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JACOB WILSON	Street or PO Address 161 HEINRICH LN		City MCCALL	State ID	Country USA	Postal Code 83638
5. Organized Under the Laws of: ID W 67972		6. Annual Report must be signed.* Signature: Jacob Wilson Name (type or print): Jacob Wilson Date: 09/11/2014 Title: Member					
Processed 09/11/2014 * Electronically provided signatures are accepted as original signatures.							