No. W 139600		Due no later than Jul 31, 2017		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed.		d.	NICOLE CARLBERG DO 1110 W PARK PL STE 310			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		RESILIENCE PSYCHIATRIC MEDICINE PLLC 1110 W PARK PL 310			COEUR D ALENE ID 83814-2784			
		COEUR D ALENE	ID 83814-2784	3	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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
MEMBER NICOLE CAR		LBERG	1110 W PARK PL STE 310		COEUR D ALENE	ID	USA	83814-2784
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Nicole Carlberg			Date: 08/30/2017			
W 139600		Name (type or print): Nicole Carlberg			Title: President			
Processed 08/30/2017 * Electronically provided signatures are accepted as original signatures.								