

No. W 75877		Due no later than Jul 31, 2017		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PATTERSON COMPASSIONATE COUNSELING, LLC LAVONNA D PATTERSON 115 16TH STREET PO BOX 50977 IDAHO FALLS ID 83405-0977		DR LAVONNA D PATTERSON 5003 SHADOW CREEK DR IDAHO FALLS ID 83401	
				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	LAVONNA D PATTERSON	5003 SHADOW CREEK DRIVE	IDAHO FALLS	ID	USA 83401
5. Organized Under the Laws of: ID W 75877		6. Annual Report must be signed.* Signature: LaVonna Patterson Name (type or print): LaVonna Patterson Date: 07/31/2017 Title: Licensed Psychologist			
Processed 07/31/2017		* Electronically provided signatures are accepted as original signatures.			