No. W 109920		Due no later than Jan 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. BAMBI LASSEN, MSW, LCSW, PLLC BAMBI LASSEN PO BOX 10 DOVER ID 83825		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1215 MICHIG SANDPOINT	BAMBI LASSEN 1215 MICHIGAN ST STE C SANDPOINT ID 83864 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses o	f at least one Member or Manager					
Office Held	Name	mes and ridal esses of	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BAMBI R. LASSEN		1215 MICHIGAN ST. STE. C.	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID W 109920		6. Annual Report must be signed.* Signature: Bambi Lassen Name (type or print): Bambi Lassen			Date: 11/13/2012 Title: Lcsw			
Processed 11/13/2012		* Electronically provided signatures are accepted as original signatures.						