No. W 63100		Due no later than May 31, 2018		2. R	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TRISTA KOVACH 136 S ACADEMY AVE EAGLE ID 83616 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. TRISTA KOVACH, MA, LPC, LLC TRISTA M KOVACH 136 S ACADEMY AVE EAGLE ID 83616 USA						
4. Limited Liability Compar	nies: Enter Na	mes and Addresses of	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	Cit	ty	State	Country	Postal Code
MANAGER TRISTA KOV		/ACH	933 STEEPLE VIEW DR	EA	GLE	ID		83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Trista Kovach			Date: 03/19/2018			
W 63100		Name (type or print): Trista Kovach			Title: Owner			
Processed 03/19/2018 * Electronically provided signatures are accepted as original signatures.								