

No. <b>W 141710</b>		Due no later than Aug 31, 2017 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> STATE OF MIND COUNSELING AND NEUROFEEDBACK CENTER LLC LYNDIA SMITH 141 N PALMETTO 1626 EAGLE ID 83616		LYNDIA SMITH 233 W STATE ST SUITE D EAGLE EAGLE ID 83616-8361			
				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	
MEMBER	LYNDIA SMITH	141 N PALMETTO 1626	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:  <b>ID W 141710</b>		6. Annual Report must be signed.* Signature: LYNDIA Smith Name (type or print): LYNDIA Smith					
		Date: 07/12/2017 Title: Owner					
Processed 07/12/2017		* Electronically provided signatures are accepted as original signatures.					