No. <b>W 129790</b>		Due no later than Oct 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		GAIL ZICKF	GAIL ZICKFOOSE 16548 SNOWGOOSE ST NAMPA ID 83687-8368  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  OPEN DOOR COUNSELING, LLC GAIL ZICKFOOSE 16548 SNOWGOOSE ST NAMPA ID 83687		NAMPA ID				
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	MEMBER GAIL L ZICKEFOOSE		16548 SNOWGOOSE ST	NAMPA	ID	USA	82687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Gail L Zickefoose		Da	Date: 09/19/2015			
W 129790		Name (type o	r print): Gail L Zickefoose	Tit	Title: Registered Agent			
Processed 09/19/2015 * Electronically provided signatures are accepted as original signatures.								