| No. W 95955 | | Due no later than Aug 31, 2014 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------|--|---|---|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MAC WEBB PSYCHOLOGY CLINIC, PLLC MAC C WEBB 408 22ND AVE S NAMPA ID 83651 | 408 22ND A NAMPA ID | MAC C WEBB 408 22ND AVE S NAMPA ID 83651 3. New Registered Agent Signature:* | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nat | | mes and Addresses of at least one Member or Manager. | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MEMBER | MAC C WEE | 3B 408 22ND AVENUE SOUTH | NAMPA | ID | USA | 83651 |
| 5. Organized Under the Laws of: ID W 95955 | | 6. Annual Report must be signed.* Signature: Dr. Mac C. Webb Name (type or print): Dr. Mac C. Webb | Date: 06/26/2014 Title: Member | | | |
| Processed 06/26/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | |