No. **W 84697**	**Due no later than Jun 30, 2012**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** BOISE FAMILY COUNSELING, LLC ATTN STEPHANIE A DONALDSON 2584 N STOKESBERRY PL MERIDIAN ID 83646	STEPHANIE A DONALDSON 2584 N STOKESBERRY PL MERIDIAN ID 83646 3. New 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
MANAGER	STEPHANIE A DONALDSON	2399 S ORCHARD STREET SUITE 203	BOISE	ID	USA	83705

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 84697**	Signature: Stephanie A Donaldson	Date: 06/18/2012
	Name (type or print): Stephanie A Donaldson	Title: Manager

Processed 06/18/2012

* Electronically provided signatures are accepted as original signatures.