



## **Idaho Limited Liability Company Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 07/31/2019

Return completed form within 30 days to:

B0322-5038

Idaho Secretary of State Attn: Annual Reports

Due no later triain: 07/3 1/20 (9			Atin: Annual Reports 450 North 4th Street		/6 N
Annua	l Report: No filing fee if	•	Boise, ID 83720 Phone: (208) 334-2300		
SOS Control N	lumber: 265832	Filing Status: Active-Existing	······································		
Limited Liability Company (D) Date I		Date Formed: 07/10/2009	Formation Locale: ID		<u> </u>
Name and Ma	iling Address:	(1) /	Add or Change Mailing	Address:	ی ۔۔۔۔
	IT PSYCHOLOGY, PLLC				***
485 W SOUTH EMMETT, ID 8					29
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Registered Agent (RA) and Registered Office (RO) Address:  ZENDI MEHARRY  (2) Change RA and/or RO Address:					Rece
485 W SOUTH EMMETT, ID 8					H.
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	Note: The Regist	tered Office address must be a physical ld	aho address (no pos	tal box).	Λq
(3) New Regist	tered Agent (RA) Signat		above the new agent m	ust sign here to accept the appointment	
		s and addresses of Managers OR Memb ill not affect the entity mailing address.			νe. Δ
Manager/Member	Name	Business Address		City, State, Zip	
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(5) Signature:	0	(	\ 0		— <u> </u>
(7) Type/Print Nam	· fende Me	change (8) T	ille: Mara	ger	<u>—_</u>
Instructions: Leg	ibly complete the form above.	Sign and date this form and return to the addr	ess provided above.	•	Lawerence
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