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| No. W 50374 | Due no later than May 31, 2014 Annual Report Form | 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 | 1. Mailing Address: Correct in this box if needed. SARA MORROW, PHD, LLC SARA MORROW 1928 N. 4TH ST. SUITE C COEUR D ALENE ID 83814 | SARA MORROW 1928 N. 4TH ST. SUITE C COEUR D'ALENE ID 83814 | | | |
| | | 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 |
| MANAGER | SARA MORROW | 10658 N OAK ST | HAYDEN | ID | USA 83835 |
| 5. Organized Under the Laws of: ID W 50374 | 6. Annual Report must be signed.* Signature: Sara Morrow Name (type or print): Sara Morrow | | Date: 04/15/2014 Title: Owner | | |
| Processed 04/15/2014 | | * Electronically provided signatures are accepted as original signatures. | | | |