| Idaho Limited Liability Company Annual Report Form | | | | | | | |
|--|--|---------------------------|---------------------|--------|-----------|---|--------------|
| Annual Repo | File online at: SOSBIZ.ida Due on/Before: 01/31/2019 rt: No filing fee if receive nt is required, the reinstate | ho.gov } d by due (| Reporting Year: 201 | 18 | | p leted form within ary of State Reports Street 02 | 0 1∕3 |
| SOS Control Number: 151177 Filing Status: Active-Existing Limited Liability Company (D) Date Formed: 01/13/2006 Formation Locale: ID | | | | | | | 0/2019 |
| Name and Mailing Address:(1) Add or Change Mailing Address:LIFEMATTERS COUNSELING SERVICES, L.L.C.4696 W OVERLAND RD STE 268BOISE, ID 83705 | | | | | | | |
| Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: MARJORIE BOLLES 4696 W OVERLAND RD STE 268 BOISE, ID 83705 9 Note: The Registered Office address must be a physical Idaho address (no postal box). 9 (3) New Registered Agent (RA) Signature: 9 (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. | | | | | | | |
| These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. | | | | | | | |
| Manager/Member | Name Marioria Ball | 05 | Business Address | 100 10 | Cho are | City, State, Zip | Q |
| Mgr Mem | Tragorie Dall | 23 | 4696W. Over | and n | 5-5TE db | Boise, ID | <u>8,570</u> |
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| (5) Signature: Marinie Bollas (6) Date: 01-28-2019 | | | | | | | |
| (7) Type/Print Name: Marjorie Bolles (8) Title: Registered Agent | | | | | | | |
| Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. | | | | | | | |
| Sign and date this form and return to the address provided above. | | | | | | | |
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