

No. W 75877		Due no later than Jul 31, 2013 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		1. Mailing Address: Correct in this box if needed. PATTERSON COMPASSIONATE COUNSELING, LLC LAVONNA D PATTERSON 414 SHOUP AVE, SUITE 115 PO BOX 50977 IDAHO FALLS ID 83405-0977 USA		DR LAVONNA D PATTERSON 5003 SHADOW CREEK DR IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LAVONNA D PATTERSON	Street or PO Address 5003 SHADOW CREEK DRIVE		City IDAHO FALLS	State ID	Country USA	Postal Code 83401
5. Organized Under the Laws of: ID W 75877		6. Annual Report must be signed.* Signature: LaVonna D. Patterson Name (type or print): LaVonna D. Patterson Date: 07/03/2013 Title: Licensed Psychologist/Owner					
Processed 07/03/2013 * Electronically provided signatures are accepted as original signatures.							