

No. <b>W 75877</b>		<b>Due no later than Jul 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> PATTERSON COMPASSIONATE COUNSELING, LLC LAVONNA D PATTERSON 414 SHOUBE AVE, SUITE 115 PO BOX 50977 IDAHO FALLS ID 83405-0977 USA		DR LAVONNA D PATTERSON 5003 SHADOW CREEK DR IDAHO FALLS ID 83401			
				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	LAVONNA D PATTERSON	5003 SHADOW CREEK DRIVE	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:  <b>ID W 75877</b>		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.					