

No. W 93346	Due no later than May 31, 2018 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. TAMARACK TREATMENT AND COUNSELING CENTER, PLLC WINONA WILSON PO BOX 985 SANDPOINT ID 83864	WINONA WILSON 710 SUPERIOR ST STE C SANDPOINT ID 83864	
		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
MEMBER	JANICE MILLER	839 SPADES RD	SAGLE ID USA 83864
5. Organized Under the Laws of: ID W 93346	6. Annual Report must be signed.* Signature: Winona Wilson Date: 06/21/2018 Name (type or print): Winona Wilson Title: Program Administrator		
Processed 06/21/2018		* Electronically provided signatures are accepted as original signatures.	