

No. <b>W 159205</b>		<b>Due no later than Dec 31, 2017</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>1. Mailing Address: Correct in this box if needed.</b> PEER RECOVERY SUPPORTS OF IDAHO, LLC MONICA FORBES 963 S ORCHARD ST STE 202 BOISE ID 83705		PEER WELLNESS CENTER INC 963 S ORCHARD ST STE 202 BOISE ID 83705-8370			
				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	PEER WELLNESS CENTER, INC.	963 S ORCHARD STREET SUITE 101	BOISE	ID	USA	83705	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 159205</b>		Signature: Monica Forbes				Date: 11/13/2017	
		Name (type or print): Monica Forbes				Title: Administrator	
Processed 11/13/2017		* Electronically provided signatures are accepted as original signatures.					