

|  |                    |   |       |   |         |                  |  |
|--|--------------------|---|-------|---|---------|------------------|--|
| No. <b>W 87632</b>   |                    | <b>Due no later than Oct 31, 2010</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b>   |       | CHRISTINE L KLOVER<br>5703 PARAPET CT<br>BOISE ID 83703 |         |                  |  |
|  |                    | <b>1. Mailing Address: Correct in this box if needed.</b>                               |       | 3. <u>New</u> Registered Agent Signature:*              |         |                  |  |
|  |                    | CHRIS KLOVER COUNSELING, LLC<br>CHRISTINE L KLOVER<br>5703 PARAPET CT<br>BOISE ID 83703 |       |   |         |                  |  |
| 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  | CHRISTINE L KLOVER | 5703 PARAPET COURT  | BOISE | ID  | USA     | 83703            |  |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*   |       |   |         |                  |  |
| <b>ID<br/>W 87632</b>  |                    | Signature: Chrstine L. Klover   |       |   |         | Date: 08/06/2010 |  |
|  |                    | Name (type or print): Chrstine L. Klover  |       |   |         | Title: Manager   |  |
| Processed 08/06/2010   |                    | * Electronically provided signatures are accepted as original signatures.               |       |   |         |                  |  |