No. <b>W 137555</b>		Due no later than May 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:	A	Annual Report Form		MICHAEL NEEDHAM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Add ALTURAS COUN CHRISTINA MAI 2211 W MALAD BOISE ID 8370	E SMITH T	BOISE 83	2211 W MALAD ST BOISE 83705-8370  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CHRIS	TINA MARIE SMITH	2211 W. MALAD ST.	BOISE, ID	ID	USA	83705	
5. Organized Under the Laws of:	Organized Under the Laws of:  6. Annual Report must be signed.*						
ID ID	Signature: Chris	Signature: Christina Smith, LCSW		Date: 03/24/2015			
W 137555	Name (type or p	Name (type or print): Christina Smith, LCSW		Title: Clinician/owner			
Processed 03/24/2015	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					