| No. W 17762 | | Due no later than Jan 31, 2016 | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------|---------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | EAGLE STEPH | Annual Report Form 1. Mailing Address: Correct in this box if needed. EAGLE COUNSELING CENTER, LLC STEPHANIE HADLEY 136 S ACADEMY AVE EAGLE ID 83616 | | STEPHANIE HADLEY 136 S. ACADEMY AVENUE EAGLE ID 83616 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DAT | E | | | | | | |
| | | ddresses of at least one Member or Manager. | | | | | |
| Office Held Nam | | Street or PO Address | City | State | Country | Postal Code | |
| | PHANIE HADLEY NT HADLEY | 136 S. ACADEMY AVENUE 136 S. ACADEMY AVENUE | EAGLE EAGLE | ID ID | USA | 83616 83616 | |
| 5. Organized Under the Laws o | f: 6. Annua | 6. Annual Report must be signed.* | | | | | |
| ID | Signat | Signature: Stephanie Hadley Date: 11/18/2015 | | | | | |
| W 17762 | Name | Name (type or print): Stephanie Hadley Title: Manager | | | | | |
| Processed 11/18/2015 | * Electror | * Electronically provided signatures are accepted as original signatures. | | | | | |