

No. W 98443		Due no later than Dec 31, 2015		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		Annual Report Form		BONNIE S WILSON 419 N BRUSHWOOD CT POST FALLS ID 83854-6764			
		1. Mailing Address: Correct in this box if needed. SENSITIVE MENTAL HEALTHCARE, PLLC BONNIE S WILSON 419 N BRUSHWOOD CT POST FALLS ID 83854-6764		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	BONNIE S WILSON	419 N BRUSHWOOD CT	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID W 98443		6. Annual Report must be signed.* Signature: Bonnie S Wilson Name (type or print): Bonnie S Wilson Date: 10/15/2015 Title: member					
Processed 10/15/2015		* Electronically provided signatures are accepted as original signatures.					