No. <b>W 64976</b>		Due no later than Jul 31, 2018		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ALLISON ETNYRE 6650 W. EMERALD ST BOISE ID 83704  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ETNYRE & ASSOCIATES, PLLC  ALLISON ETNYRE  11368 W.HICKORY BARK DR.  BOISE ID 83713						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER ALLISON ET		NYRE	11368 W HICKORY BARK DR		BOISE	ID		83713
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 64976		Signature: allison etnyre		Date	Date: 06/06/2018			
		Name (type or print): allison etnyre		Title	Title: manager, licensed psychologist			
Processed 06/06/2018 * Electronically provided signatures are accepted as original signatures.								