

No. W 18604		Due no later than Mar 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NARRATIVE PRACTICES, LLC ROBERTA CROCKETT 1407 N 13TH ST BOISE ID 83702-3531 USA		ROBERTA CROCKETT 1407 N 13TH ST BOISE 83702-3531			
NO FILING FEE IF RECEIVED BY DUE DATE				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	ROBERTA CROCKETT	1915 N 10TH ST	BOISE	ID	83702		
MEMBER	PIPER FIELD	3112 SYCAMORE DR	BOISE	ID	83703		
5. Organized Under the Laws of: ID W 18604		6. Annual Report must be signed.* Signature: Roberta Crockett Name (type or print): Roberta Crockett Date: 02/09/2015 Title: Member					
Processed 02/09/2015 * Electronically provided signatures are accepted as original signatures.							