No. W 94197		Due no later than Jun 30, 2011		2. Registe	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CATHY S KOTTER			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.		10000000000000000000000000000000000000	1910 NORTH LAKES PLACE MARIDIAN ID 83646			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		FALL CREEK COUNSELING LLC CATHY S KOTTER 1910 NORTH LAKES PLACE		MARID	TWINDS IN 15 CSC 10			
		MARIDIAN ID 83646		3. <u>New</u> Re	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
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	
MANAGER CATHY S KO		OTTER	1910 NORTH LAKES PLACE	MERIDAI	N ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 94197		Signature: Cathy S Kotter			Date: 07/15/2011			
		Name (type or print): Cathy S Kotter			Title: Owner			
Processed 07/15/2011		* Electronically provided signatures are accepted as original signatures.						