| No. W 126186 | | Due no later than Jun 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. DELGADO COUNSELING AND CONSULTING PLLC MARILYN DELGADO 1810 E SCHNEIDMILLER AVE SUITE 141 POST FALLS ID 83854 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) MARILYN DELGADO 1810 E SCHNEIDMILLER AVE SUITE 141 POST FALLS ID 83854 3. New Registered Agent Signshure.* | | |
|--|----------------------|---|---------------------------------------|------------------------|---|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | | | 1010 5 66111 | | | |
| | | | | SUITE 141 POST FALLS | | | |
| | | | | 3. <u>New</u> Register | 3. <u>New</u> Registered Agent Signature:* | | |
| Limited Liability C | Companies: Enter Nar | mes and Addresse | es of at least one Member or Manager. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MANAGER | MARILYN DE | ELGADO | 1810 E SCHNEIDMILLER AVE | SUITE 141 POST FALLS | ID | USA | 83854 |
| 5. Organized Under the Laws of: 6. | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Marilyn Delgado | | | Date: 05/28/2014 | | |
| I | | Name (type or print): Marilyn Delgado | | | Title: Director | | |
| | 26186 | Name (type o | r print): Marilyn Delgado | | Title: L | rector | |