

No. W 25200		Due no later than Jul 31, 2011		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		GAIL S ATER 219 SHOSHONE ST N TWIN FALLS ID 83301	
		1. Mailing Address: Correct in this box if needed. GAIL S. ATER COUNSELING SERVICES, L.L.C. GAIL ATER 219 SHOSHONE ST N TWIN FALLS ID 83301		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	GAIL S ATER	219 SHOSHONE ST N	TWIN FALLS	ID	USA 83301
5. Organized Under the Laws of: ID W 25200		6. Annual Report must be signed.* Signature: Ashley Withers Name (type or print): Ashley Withers Date: 05/31/2011 Title: Bookkeeper			
Processed 05/31/2011		* Electronically provided signatures are accepted as original signatures.			