

No. <b>W 178305</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/31/2018</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. ALPHA COUNSELING PLLC <del>1410 LINCOLN WAY STE 200</del> <del>GOEUR D ALENE ID 83814</del> <b>605 EAST 8th AVENUE SUITE C POSTFALLS, ID 83854</b>		DEBBIE NUNEZ <del>9223 N NOMAD CT</del> <del>HAYDEN ID 83835</del> <b>605 EAST 8th Ave. SUITE C POSTFALLS, ID 83854</b>  3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Debbie Nunez</td> <td>605 EAST 8th Ave. Suite C</td> <td>POST FALLS,</td> <td>ID</td> <td></td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Debbie Nunez	605 EAST 8th Ave. Suite C	POST FALLS,	ID		83854	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 178305</b>		6. Signature: <u>Debbie Nunez</u> Date: <u>6-13-18</u> Name (type or print): <u>Debbie Nunez</u> Title: <u>Owner</u>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**