

No. W 54530		Due no later than Sep 30, 2010 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. LAURA MCKEE, PSY.D., L.L.C. LAURA MCKEE PO BOX 983 DRIGGS ID 83422 USA		LAURA MCKEE 1300 ARROWHEAD PLAZA WAY DRIGGS ID 83422			
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 MEMBER	Name LAURA MCKEE	Street or PO Address 1300 ARROWHEAD PLAZA WAY		City DRIGGS	State ID	Country USA	Postal Code 83422
5. Organized Under the Laws of: ID W 54530		6. Annual Report must be signed.* Signature: Laura McKee Name (type or print): Laura McKee Date: 08/31/2010 Title: Licensed Psychologist					
Processed 08/31/2010 * Electronically provided signatures are accepted as original signatures.							