| No. **W 41236** | **Due no later than Jul 31, 2011**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>SANDPOINT PSYCHOTHERAPY, LLC<br>ELEANOR RAND GURLEY<br>506 N 4TH AVE<br>SANDPOINT ID 83864<br>USA | JENNY MIRE<br>506 N FOURTH AVE<br>SANDPOINT ID 83864<br><br>3. New 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 | ELEANOR R GURLEY | 1605 HOODOO MOUNTAIN ROAD | PRIEST RIVER | ID | USA | 83856 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 41236** | Signature: Jenny Mire | Date: 06/28/2011 |
| | Name (type or print): Jenny Mire | Title: Bookkeeper |

Processed 06/28/2011

* Electronically provided signatures are accepted as original signatures.