No. **W 25984**	**Due no later than Sep 30, 2009** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** BOISE FAMILY PSYCHOLOGY PLLC ROGER OLSON PO BOX 140037 BOISE ID 83714	ROGER OLSON 3775 N EAGLE RD BOISE ID 83713 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
MANAGER	ROGER OLSON	PO BOX 140037	BOISE	ID	USA	83714

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 25984**	Signature: Roger Olson	Date: 08/03/2009
	Name (type or print): Roger Olson	Title: Manager

Processed 08/03/2009

* Electronically provided signatures are accepted as original signatures.