

No. W 36468		Due no later than Feb 28, 2013 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. CAMS PROFESSIONAL COUNSELING, L.L.C. SUMMER YORKE PO BOX 627 GRANGEVILLE ID 83530 USA		TAMMY EVERSON 83 HWY 95 N GRANGEVILLE ID 83530			
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 TAMMY EVERSON	Street or PO Address RR1 BOX 213E		City COTTONWOOD	State ID	Country USA	Postal Code 83522
5. Organized Under the Laws of: ID W 36468		6. Annual Report must be signed.* Signature: Summer Yorke Name (type or print): Summer Yorke Date: 03/11/2013 Title: Office Manager					
Processed 03/11/2013 * Electronically provided signatures are accepted as original signatures.							