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| No. W 36468 | | Due no later than Feb 28, 2013 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CAMAS PROFESSIONAL COUNSELING, L.L.C. SUMMER YORKE PO BOX 627 GRANGEVILLE ID 83530 USA | | TAMMY EVERSON 83 HWY 95 N GRANGEVILLE ID 83530 | |
| | | | | 3. <u>New</u> 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 | TAMMY EVERSON | RR1 BOX 213E | COTTONWOOD | ID | USA 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. | | | |