

No. <b>W 112181</b>	<b>Due no later than Mar 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> KATHY CRAWFORD, LCSW, COUNSELING OFFICE, LLC KATHY CRAWFORD 1104 IRONWOOD DR COEUR D ALENE ID 83814		KATHY CRAWFORD LCSW 1104 IRONWOOD DR COEUR D ALENE ID 83814			
			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
MANAGER	KATTHY CRAWFORD	1104 IRONWOOD DRIVE	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of:  <b>ID</b> <b>W 112181</b>		6. Annual Report must be signed.* Signature: kathy crawford Name (type or print): kathy crawford Date: 01/18/2016 Title: clinician/manager				
Processed 01/18/2016		* Electronically provided signatures are accepted as original signatures.				