| No. <b>W 100243</b>  |  |                                 | 2. Registered Agent and Address (NO PO BOX)                                       |       |         |             |
|--|--|---------------------------------|---|-------|---------|-------------|
| Return to:   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  ARROWROCK COUNSELING AND CONSULTING, LLC BEVIN MODRAK 6568 S FEDERAL WAY |                                 | BEVIN MODRAK 5893 S. TEAK WAY BOISE ID 83716  3. New Registered Agent Signature:* |       |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |  |                                 |   |       |         |             |
| NO FILING FEE IF BOISE ID 83716 RECEIVED BY DUE DATE                             |  |                                 |   |       |         |             |
| 4. Limited Liability Companies: Enter N  | lames and Addresses of a   | at least one Member or Manager. |   |       |         |             |
| Office Held Name   |  | Street or PO Address            | City  | State | Country | Postal Code |
| MEMBER BEVIN J MODRAK 65   |  | 6568 S FEDERAL WAY SUITE 124    | BOISE   | ID    | USA     | 83716       |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.*                |  |                                 |   |       |         |             |
| ID   | ID Signature: Bevin Modrak   |                                 | Date: 12/29/2017  |       |         |             |
| W 100243   | Name (type or print): Bevin Modrak   |                                 | Title: Owner/Member   |       |         |             |
| Processed 12/29/2017   | * Electronically provided signatures are accepted as original signatures.  |                                 |   |       |         |             |