

No. W 41236		Due no later than Jul 31, 2016 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. SANDPOINT PSYCHOTHERAPY AND ASSOCIATES, LLC ELEANOR RAND GURLEY 506 N 4TH AVE SANDPOINT ID 83864		JENNY MIRE 506 N FOURTH AVE SANDPOINT ID 83864			
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 ELEANOR R GURLEY	Street or PO Address 1605 HOODOO MOUNTAIN ROAD		City PRIEST RIVER	State ID	Country USA	Postal Code 83856
5. Organized Under the Laws of: ID W 41236		6. Annual Report must be signed.* Signature: eleanor r gurley Name (type or print): eleanor r gurley Date: 06/21/2016 Title: owner					
Processed 06/21/2016 * Electronically provided signatures are accepted as original signatures.							