No. <b>W 81439</b>		Due		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CHARMAYNE ALGERIA				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  TOUCH POINTS COUNSELING AND CONSULTING LLC CHARMAYNE M ALEGRIA 1854 W PUZZLE CREEK DR MERIDIAN ID 83646 USA		1	1854 W PUZZLE CREEK DR MERIDIAN ID 83646			
				-	3. New Registered Agent Signature:*			
4. Limited Liability Compar	ies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER MEMBER	CHARMAYNE ANDREW P	M ALEGRIA ALEGRIA	1854 W PUZZLE CREEK DR 1854 W PUZZLE CREEK DR		MERIDIAN MERIDIAN	ID ID	USA USA	83646 83646
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 81439		Signature: Charmayne Alegria Name (type or print): Charmayne Alegria			Date: 03/18/2014 Title: Licensed Clinical Professional			
Processed 03/18/2014 * Electronically provided signatures are accepted as original signatures.								