

No. W 57745	Due no later than Jan 31, 2011 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. JOAN KAUFFMAN COUNSELING SERVICES, LLC JOAN I KAUFFMAN 140 RIVER VISTA PL TWIN FALLS ID 83301		JOAN I KAUFFMAN 140 RIVER VISTA PL TWIN FALLS ID 83301			
			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	JOAN I KAUFFMAN	3713 NORTH 2500 EAST	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 57745	6. Annual Report must be signed.* Signature: Joan Kaufman Name (type or print): Joan Kaufman		Date: 02/08/2011 Title: Member			
Processed 02/08/2011		* Electronically provided signatures are accepted as original signatures.				