No. W 7845		Due no later than Jan 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to:				BARRY A WATTS			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. BOISE VALLEY COUNSELING CENTER, L.L.C. BARRY A WATTS 5070 N LEATHER PL BOISE ID 83713-1862		5070 N LEATHER PL BOISE ID 83713-1862			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BARRY A						
	BOISE ID			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Addre	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER BARRY A WATTS		3852 N EAGLE ROAD SUITE 168	BOISE	ID	USA	83713	
5. Organized Under the Laws of: 6. Annual Rep		oort must be signed.*					
ID	Signature:	Signature: Barry Watts		Date: 11/27/2017			
W 7845	Name (type	Name (type or print): Barry Watts		Title: Manager			
Processed 11/27/2017	* Electronically	* Electronically provided signatures are accepted as original signatures.					