

No. W 50374		Due no later than May 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SARA MORROW, PHD, LLC SARA MORROW 1420 LINCOLN WAY STE 500 COEUR D ALENE ID 83814		SARA MORROW 1420 LINCOLN WAY STE 500 COEUR D'ALENE ID 83814	
				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
MANAGER	SARA MORROW	10658 N OAK ST	HAYDEN	ID	USA 83835
5. Organized Under the Laws of: ID W 50374		6. Annual Report must be signed.* Signature: Sara Morrow Date: 03/15/2012 Name (type or print): Sara Morrow Title: Psychologist			
Processed 03/15/2012		* Electronically provided signatures are accepted as original signatures.			