No. **W 166729**	**Due no later than May 31, 2017** **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.** RESTORATIVE CONNECTIONS COUNSELING CENTER PLLC TIA COCHRAN OTIS LCSW 1010 W HAYS ST BOISE ID 83702	TIA COCHRAN OTIS LCSW 1010 W HAYS ST BOISE ID 83702 3. New 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	TIA COCHRAN-OTIS	1010 W. HAYS STREET	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 166729**	Signature: Tia Cochran-Otis	Date: 05/30/2017
	Name (type or print): Tia Cochran-Otis	Title: Owner

Processed 05/30/2017

* Electronically provided signatures are accepted as original signatures.