

No. C 199190	Due no later than Jul 31, 2014 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. QUALITY CARE COUNSELING CENTER, INC LAURA MARINO 2316 N. COLE ROAD, SUITE A BOISE ID 83704	LAURA MARINO 2316 N. COLE ROAD, SUITE A BOISE ID 83704	
		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City State Country Postal Code
PRESIDENT	LAURA MARINO	133 W CHERRY AVE	MERIDIAN ID USA 83642
5. Organized Under the Laws of: ID C 199190	6. Annual Report must be signed.* Signature: Laura Marino Name (type or print): Laura Marino		Date: 05/29/2014 Title: President
Processed 05/29/2014		* Electronically provided signatures are accepted as original signatures.	