

|                                                                                                                                                        |                |                                                                                                                                                                            |        |                                                                  |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 95983</b>                                                                                                                                     |                | <b>Due no later than Aug 31, 2018</b>                                                                                                                                      |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>               |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>WILLOW SPRINGS COUNSELING, PLLC<br>BETTY J MAGNUS<br>1200 W. IRONWOOD<br>306<br>COEUR D ALENE ID 83815<br>USA |        | BETTY J MAGNUS<br>1200 W IRONWOOD #306<br>COEUR D ALENE ID 83815 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                                            |        | 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                                                                                                                                                | BETTY J MAGNUS | 15798 N RIMROCK ROAD                                                                                                                                                       | HAYDEN | ID                                                               | USA     | 83835            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                          |        |                                                                  |         |                  |  |
| <b>ID<br/>W 95983</b>                                                                                                                                  |                | Signature: betty J magnus                                                                                                                                                  |        |                                                                  |         | Date: 09/19/2018 |  |
|                                                                                                                                                        |                | Name (type or print): betty J magnus                                                                                                                                       |        |                                                                  |         | Title: counselor |  |
| Processed 09/19/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                  |        |                                                                  |         |                  |  |