No. <b>W 118774</b>		Du	ue no later than Nov 30, 2013	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		PAMALA HIR	PAMALA HIRSCH 1115 11TH AVE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		NAMES OF THE OWNER OWNE				
		HARMONY COUNSELING CENTER, PLLC HEIDI KING 0309 SECOND STREET LEWISTON ID 83501		LEWISTON ID 83501  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	s: Enter Nar	nes and Address	es of at least one Member or Manager.	•				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER SANDRA GOI			3424 6TH ST.	LEWISTON	ID	USA	83501	
MEMBER DEBRA STRE			333 SYRINGA CT.	LEWISTON	ID	USA	83501	
MEMBER P	PAMALA HIR	SCH	1115 11TH	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 118774		Signature: Heidi King		Date:	Date: 10/02/2013			
		Name (type or print): Heidi King		Title:	Title: Office Manager			
Processed 10/02/2013	* Electronically provided signatures are accepted as original signatures.							