

No. W 67972

Due no later than October 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CENTRAL MOUNTAINS COUNSELING, PLLC
~~12956 W FIDDLELEAF DR~~ PO Box 2430
~~BOISE, ID 83719~~ McCall, ID 83638

JACOB WILSON

~~12956 W FIDDLELEAF DR~~ 200 Forest St.
~~BOISE, ID 83719~~ McCall, ID
83638

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner/ Executive Director	Jacob Wilson	PO Box 2430	McCall	ID	83638

5. Organized Under the Laws of:

IDAHO
W 67972

6.

Signature



Date

10/8/08

Name (Typed or Printed)

Jacob Wilson

Title

Owner/Executive Director

Issued 08/06/2008

Do Not Tape or Staple

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