No. W 130492		Due no later than Oct 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. AWARENESS CENTER FOR COUNSELING, PLLC GENEVIEVE THOMAS 199 W. BRIDGE PO BOX 1294 BLACKFOOT ID 83221 USA			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				199 W. BRII BLACKFOOT	GENEVIEVE THOMAS 199 W. BRIDGE BLACKFOOT ID 83221-8322 3. New Registered Agent Signature:*			
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses	s of at least one Member or Manager.	1				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	GENEVIEVE THOMAS		199 W. BRIDGE PO BOX 1294	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report Signature: Ger		Date:	08/21/2018			
W 130492		Name (type or print): Genevieve Thomas			Title: owner			
Processed 08/21/2018 * Electronically provided signatures are accepted as original signatures.								