

|  |  |  |
|--|--|--|
| <b>No.</b> W 17762   | <b>Due no later than January 31, 2009</b><br><b>Annual Report Form</b>   | <b>2. Registered Agent and Office NO PO BOX</b>  |
| Return to:<br>SECRETARY OF STATE<br>450 NORTH FOURTH STREET<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 applicable</b><br><br>EAGLE COUNSELING CENTER, LLC<br>136 S ACADEMY AVE<br>EAGLE, ID 83616 | STEPHANIE HADLEY<br>942 E COLUMBARY CT<br>EAGLE, ID 83616<br><br><b>3. <u>New</u> Registered Agent Signature</b> |

**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/<br>manager  | Stephanie Hadley | 942 E. Columbary Ct.          | Eagle       | ID           | 83616      |
| owner/<br>member   | Brent Hadley     | 942 E. Columbary Ct.          | Eagle       | ID           | 83616      |

|  |   |
|--|---|
| <b>5. Organized Under the Laws of:</b><br><br>IDAHO<br>W 17762 | <b>6.</b><br>Signature <u>Stephanie Hadley</u> Date <u>11/30/08</u><br>Name (Typed or Printed) <u>Stephanie Hadley</u> Title <u>owner/manager</u> |
|--|---|