No. <b>C 214865</b>		Due no later than Aug 31, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  WIXOM COUNSELING INC. BRET V. WIXOM 2235 E 25TH SUITE 150 IDAHO FALLS ID 83404-7598 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				890 OXF IDAHO F	CHRIS S HAYES 890 OXFORD DRIVE IDAHO FALLS ID 83401  3. New Registered Agent Signature:*			
4. Corporations: Enter Names	s and Busin	ess Addresses of F	President, Secretary, and Directors. Treas	urer (optional).				
Office Held N	lame		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR BRET V. WIXOM		2235 E. 25TH SUITE 150	IDAHO FA	LS ID	USA	83404		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Bret V. Wixom			Date: 07/24/2018			
C 214865		Name (type or		Title: Director				
Processed 07/24/2018	* Electronically provided signatures are accepted as original signatures.							