

No. W 75973		Due no later than Jul 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SILVER CREEK FORENSIC AND CLINICAL PSYCHOLOGY, PLLC BILL R ARNOLD PHD ABPP 1005 E WINDING CREEK, STE 155 C/O PO BOX 2620 EAGLE ID 83616 USA		BILL R ARNOLD PHD ABPP 1005 E WINDING CREEK, STE 155 EAGLE ID 83616			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name BILL R ARNOLD	Street or PO Address 876 E MONARCH STREET		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of: ID W 75973		6. Annual Report must be signed.* Signature: Bill R Arnold Name (type or print): Bill R Arnold Date: 05/11/2014 Title: Sole Owner/President					
Processed 05/11/2014 * Electronically provided signatures are accepted as original signatures.							