

|                                                                                                                                                        |                |                                                                                                                                                                        |       |                                                            |         |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|---------|------------------------|--|
| No. <b>W 91525</b>                                                                                                                                     |                | <b>Due no later than Mar 31, 2011</b>                                                                                                                                  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |                        |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<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 needed.</b><br>WORDS OF WISDOM COUNSELING CENTER LLC<br>MICHELE HARRIS<br>927 W CHERRY BELLO DR<br>EAGLE ID 83616<br>USA |       | MICHELLE HARRIS<br>927 W CHERRY BELLO DR<br>EAGLE ID 83616 |         |                        |  |
|                                                                                                                                                        |                |                                                                                                                                                                        |       | 3. <u>New</u> Registered Agent Signature:*                 |         |                        |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                |                                                                                                                                                                        |       |                                                            |         |                        |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                                   | City  | State                                                      | Country | Postal Code            |  |
| MEMBER                                                                                                                                                 | MICHELE HARRIS | 927 W. CHERRY BELLO DR.                                                                                                                                                | EAGLE | ID                                                         | USA     | 83616                  |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                      |       |                                                            |         |                        |  |
| <b>ID<br/>W 91525</b>                                                                                                                                  |                | Signature: Michele Harris                                                                                                                                              |       |                                                            |         | Date: 01/14/2011       |  |
|                                                                                                                                                        |                | Name (type or print): Michele Harris                                                                                                                                   |       |                                                            |         | Title: Sole Proprietor |  |
| Processed 01/14/2011                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                              |       |                                                            |         |                        |  |