

No. **W 50374**

Due no later than May 31, 2009

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SARA MORROW, PHD, LLC
SARA MORROW~~920 IRONWOOD DR STE 206~~
COEUR D ALENE, ID 838141420 Lincoln Way
Suite 500

SARA MORROW

920 IRONWOOD DR STE #206
COEUR D ALENE, ID 83814

1420 Lincoln Way Suite #500

**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

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>
Manager	Sara Morrow	1420 Lincoln Way, Ste. #500	Coeur d'Alene	ID	83814

5. Organized Under the Laws of:

IDAHO
W 50374

6.

Signature



Date

3/16/09

Name (Typed or Printed)

Sara Morrow

Title

Manager / Psychologist

Issued 03/02/2009

Do Not Tape or Staple

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