No. C 199114		Due no later than Jul 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CRAIG TONKS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.			5146 NORTH TURRET WAY BOISE ID 83703-3237			
		KOKOPELLI COUNSELING, INC. DOREE E KOVIS-TONKS 5146 NORTH TURRET WAY		BOISE ID	BOISE ID 83703-3237			
		BOISE ID 83703-3237		3. <u>New</u> Regist	3. New Registered Agent Signature:*			
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DOREE ERIK	A KOVIS-TONKS	5146 NORTH TURRET WAY	BOISE	ID	USA	83703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Doree		Date: 07/02/2016				
C 199114		Name (type or pri		Title: President				
Processed 07/02/2016		* Electronically provide	ded signatures are accepted as origina	l signatures.				