

No. W 50374		Due no later than May 31, 2017		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		Annual Report Form		SARA MORROW 7905 N. MEADOWLARK WAY E COEUR D'ALENE ID 83815	
		1. Mailing Address: Correct in this box if needed. SARA MORROW, PHD, LLC SARA MORROW 7905 N. MEADOWLARK WAY E COEUR D ALENE ID 83815		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
MANAGER	SARA MORROW	10658 N OAK ST	HAYDEN	ID	83835
5. Organized Under the Laws of: ID W 50374		6. Annual Report must be signed.* Signature: Sara Morrow PhD Name (type or print): Sara Morrow PhD Date: 03/21/2017 Title: licensed psychologist			
Processed 03/21/2017		* Electronically provided signatures are accepted as original signatures.			