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|--|---------------|---|-------|--|----------------------|-------------|--|
| No. W 45813 | | Due no later than Dec 31, 2015 | | 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 | | GREGORY C CALDER 2105 CORONADO ST IDAHO FALLS ID 83404 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | ABOVE AND BEYOND COUNSELING & PSR LLC SHAWN D BEEBE 545 SHOUP AVENUE SUITE 101 IDAHO FALLS ID 83402 | | | | | |
| 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 | SHAWN D BEEBE | 4099 MORNING MIST DR | AMMON | ID | USA | 83406 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 45813 | | Signature: Shawn D. Beebe | | | Date: 10/15/2015 | | |
| | | Name (type or print): Shawn D. Beebe | | | Title: Owner/Manager | | |
| Processed 10/15/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |