No. W 106046		Due no later than Aug 31, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720		Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDIATION AND COUNSELING SERVICES LLC RENEE BOZORG-OMID 223 N 12TH AVE POCATELLO ID 83201 USA		RENEE BOZORG-OMID PHD 223 N 12TH AVE POCATELLO ID 83201				
NO FILING FEE IF RECEIVED BY DUE DATE					3. <u>New</u> Registered Agent Signature:*			
200		mes and Addres	ses of at least one Member or Manager	r.	O.U.			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER JAMES R LAI		ANCE	223 N12TH AVENUE		POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Renee Bozorg-omid Date: 09/16/2014						
W 106046		Name (type or print): Renee Bozorg-omid			Title: Director			
Processed 09/16/2014 * Electronically provided signatures are accepted as original signatures.								