

|  |                  |   |       |  |                     |
|--|------------------|---|-------|--|---------------------|
| No. <b>W 138</b>   |                  | <b>Due no later than Dec 31, 2015</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>MOUNTAIN STATES COUNSELING AND PSYCHOLOGICAL<br>SERVICES P.L.L.C.<br>JASON GAGE<br>311 N ALLUMBAUGH<br>BOISE ID 83704 |       | ROBERT CALHOUN<br>311 N ALLUMBAUGH<br>BOISE ID 83704 |                     |
|  |                  |   |       | 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  | JASON GAGE       | 311 N ALLUMBAUGH  | BOISE | ID   | 83704               |
| MANAGER  | ROBERT E CALHOUN | 311 N ALLUMBAUGH  | BOISE | ID   | USA 83704           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 138</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Jason D. Gage Date: 10/13/2015<br>Name (type or print): Jason D. Gage Title: Managing Partner   |       |  |                     |
| Processed 10/13/2015   |                  | * Electronically provided signatures are accepted as original signatures.   |       |  |                     |