| No. W 113857 | | Due no later than May 31, 2013 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|--|---------------------------------------|----------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | JOHN E GLISSON | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. STILLWATERS COUNSELING & FAMILY SERVICES LLC JOHN E GLISSON 849 E FAIRVIEW AVE MERIDIAN ID 83642 | | | 849 E FAIRVIEW AVE MERIDIAN ID 83642 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Nai | mes and Addresse | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER JOHN E GLI: | | SSON | 849 E FAIRVIEW AVE | | MERIDIAN | ID | USA | 83642 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: John E Glisson | | | Date: 07/23/2013 | | | |
| W 113857 | | Name (type or print): John E Glisson | | | Title: Member | | | |
| Processed 07/23/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |