

No. W 166325		Due no later than May 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BOISE RIVER COUNSELING & HEALING ARTS, LLC MYRA HAGE 16392 N FRANKLIN BLVD APT 1 14 NAMPA ID 83687 USA		MYRA HAGE 16392 N FRANKLIN BLVD APT 1 14 NAMPA ID 83687			
NO FILING FEE IF RECEIVED BY DUE DATE				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	MYRA HAGE	16392 N FRANKLIN BLVD APT 1 14	NAMPA	ID	USA	83687	
5. Organized Under the Laws of: ID W 166325		6. Annual Report must be signed.* Signature: Myra Hage Name (type or print): Myra Hage					
		Date: 03/30/2017 Title: owner/CEO					
Processed 03/30/2017 * Electronically provided signatures are accepted as original signatures.							