

No. W 78083	Due no later than Oct 31, 2009 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MICHAEL HILLAM, PSY.D. PLLC MICHAEL HILLAM 1070 N CURTIS RD STE 210 BOISE ID 83706		MICHAEL HILLAM 1070 N CURTIS RD STE 210 BOISE ID 83706			
			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	MICHAEL L HILLAM	1070 N. CURTIS RD. SUITE 210	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID W 78083	6. Annual Report must be signed.* Signature: Michael Hillam, Psy.D. Name (type or print): Michael Hillam, Psy.D.		Date: 09/24/2009 Title: Owner/Licensed Psychologist			
Processed 09/24/2009		* Electronically provided signatures are accepted as original signatures.				