No. <b>W 54530</b>		Due no later than Sep 30, 2016	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  LAURA MCKEE, PSY.D., L.L.C.  LAURA MCKEE PO BOX 983  DRIGGS ID 83422	LAURA MCKEE 1300 ARROWHEAD PLAZA WAY DRIGGS ID 83422  3. New Registered Agent Signature:*			
NO FILING HEE IF RECEIVED BY DUE DATE		USA				
4. Limited Liability Compar	nies: Enter Nam	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	LAURA MCKE	E PO BOX 983	DRIGGS	ID		83422
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 54530		Signature: McKee, Laura	Date: 08/29/2016			
		Name (type or print): McKee, Laura	Title: Psychologist			
Processed 08/29/2016 * Electronically provided signatures are accepted as original signatures.						