

No. W 93715		Due no later than May 31, 2014 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. CENTERPOINT COUNSELING SERVICES LLC VONDA WINFREE 393 EAST 2ND NORTH REXBURG ID 83440 USA		GEOFFREY R WINFREE 393 EAST 2ND NORTH REXBURG ID 83440			
				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	
MEMBER	GEOFFREY WINFREE	370 S. 5TH E.	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 93715		6. Annual Report must be signed.* Signature: Vonda Winfree Name (type or print): Vonda Winfree Date: 05/22/2014 Title: Owner					
Processed 05/22/2014		* Electronically provided signatures are accepted as original signatures.					