

No. W 101292		Due no later than Mar 31, 2015		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		Annual Report Form		MICHAEL E WILEY 5563 W LUCKY DR BOISE 83703			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		PEAK MENTAL WELLNESS AND COUNSELING, LLC MICHAEL E WILEY 5563 W LUCKY DR BOISE ID 83703					
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	MICHAEL E WILEY	5563 W LUCKY DR	BOISE	ID	USA	83703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 101292		Signature: Michael E Wiley			Date: 01/19/2015		
		Name (type or print): Michael E Wiley			Title: Member		
Processed 01/19/2015		* Electronically provided signatures are accepted as original signatures.					