







## STATE OF IDAHO Office of the secretary of state, Phil McGrane **ANNUAL REPORT**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00

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-FILED-

File #: 0006207625

Date Filed: 4/15/2025 9:30:33 AM

| Entity Name and Mailing Address:  |                             |  |                  |  |
|---|-----------------------------|--|------------------|--|
| Entity Name:  |                             | Boise Family Therapy Group                     | PLLC             |  |
| The file number of this entity on the Secretary of State is:            | records of the Idaho        | 0005647611                                     |                  |  |
| Address   |                             | 9474 W FAIRVIEW AVE<br>BOISE, ID 83704-8101    |                  |  |
| Entity Details:   |                             |  |                  |  |
| Entity Status   |                             | Active-Existing                                |                  |  |
| This entity is organized under the laws of:                             |                             | IDAHO  | IDAHO            |  |
| If applicable, the old file number of the Idaho Secretary of State was: | his entity on the rec       | ords of  |                  |  |
| The registered agent on record is:                                      |                             |  |                  |  |
| Registered Agent  |                             | Amanda Neibaur                                 |                  |  |
|   |                             | Registered Agent                               |                  |  |
|   |                             | Physical Address                               | n                |  |
|   |                             | 11341 W HICKORY LOOP DI<br>BOISE, ID 83713     | K                |  |
|   |                             | Mailing Address                                |                  |  |
|   |                             | 11341 W HICKORY LOOP DI                        | R                |  |
|   |                             | BOISE, ID 83713-1039                           | •                |  |
| Agent or Address Change   |                             |  |                  |  |
| Select if you are appointing a n  | ew agent.                   |  |                  |  |
| Limited Liability Company Managers and Mem                              | bers                        |  |                  |  |
| Name  | Title                       | Business A                                     | Business Address |  |
| Amanda Neibaur  | Manager                     | 11341 W. HICKORY LOOP DRIVE<br>BOISE, ID 83713 |                  |  |
|   |                             | •  |                  |  |
| The annual report must be signed by an author                           | rized signer of the entity. |  |                  |  |
| Job Title: Manger   |                             |  |                  |  |
|   |                             |  |                  |  |
| Amanda Neibaur  |                             |  | 04/15/2025       |  |
| Sign Here   |                             |  | Date             |  |