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| No. W 35497 | | Due no later than Dec 31, 2013 | | 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 1. Mailing Address: Correct in this box if needed. A TO Z COUNSELING, LLC CYNTHIA R OBRIEN PO BOX 1124 OROFINO ID 83544 USA | | CYNTHIA O'BRIEN 205 107TH ST OROFINO ID 83544 | | | |
| | | | | 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 | CYNTHIA R O'BRIEN | 205 107TH STREEY PO BOX 1124 | OROFINO | ID | USA | 83544 | |
| 5. Organized Under the Laws of: ID W 35497 | | 6. Annual Report must be signed.* Signature: Cynthia O'Brien Name (type or print): Cynthia O'Brien Date: 10/17/2013 Title: Owner | | | | | |
| Processed 10/17/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |