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| No. J 2606 | | Due no later than Mar 31, 2018 | | 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. IDAHO COUNSELING CENTER, LLP 1227 S. 19TH ST NAMPA ID 83686 | | MELODY AUSTIN 807 STANFORD ST NAMPA ID 83686 | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country Postal Code |
| PARTNER | MELODY A AUSTIN | 807 STANFORD ST | NAMPA | ID | 83686 |
| PARTNER | LUANN D DYER | 1227 S. 19TH ST | NAMPA | ID | 83686 |
| 5. Organized Under the Laws of: ID J 2606 | | 6. Annual Report must be signed.* Signature: Luann Dyer Name (type or print): Luann Dyer Date: 02/06/2018 Title: Partner | | | |
| Processed 02/06/2018 | | * Electronically provided signatures are accepted as original signatures. | | | |