No. <b>W 53203</b>		Due no later than Aug 31, 2009	Registered Agent and Address (NO PO BOX)     LISA JOHNSON			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LISA JOHNSON COUNSELING AND CONSULTING LLC LISA JOHNSON 1121 E STATE ST STE 107 EAGLE ID 83616	BOISE ID	2309 N MOUNTAIN VIEW DR STE185 BOISE ID 83706  3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
4. Limited Liability Co.	mpanies: Enter Nar	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER LISA JOHNS		ON 741 SPYGLASS WAY	EAGLE	ID	USA	83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Lisa Johnson	Date: 07/13/2009			
W 53203		Name (type or print): Lisa Johnson	Title: Manager			
Processed 07/13/2009 * Electronically provided signatures are accepted as original signatures.						