No. W 80108	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. KRISTY KUEHFUSS, PHD PLLC KRISTY KUEHFUSS PHD 1070 N CURTIS RD STE 210 BOISE ID 83706 3425 SYRINGA DR. LEWISTON, ID 83501	KRISTY KUEHFUSS PHD 1070 N CURTIS RD STE 210 BOISE ID 83706 3425 SYRINGA DR. LEWISTON, ID 83501
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature. K Kuehfuss, PhD

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☐	KRISTY KUEHFUSS,	3425 SYRINGA DR.,	LEWISTON,	ID	USA	83501
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 80108	Signature: K Kuehfuss, PhD Date: 5/29/14 Name (type or print): KRISTY KUEHFUSS, PhD Title: PSYCHOLOGIST

Issued 05/29/2014 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM