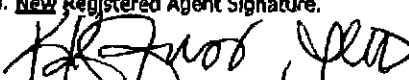
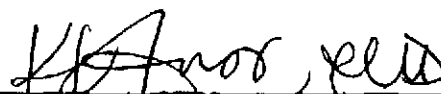


No. W 80108	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) KRISTY KUEHFUSS PHD 1070 N. CURTIS RD STE 210 BOISE ID 83706 3425 SYRINGA DR. LEWISTON, ID 83501																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	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		3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>KRISTY KUEHFUSS,</td> <td>3425 SYRINGA DR.,</td> <td>LEWISTON, ID</td> <td>USA</td> <td></td> <td>83501</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				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 ☐						
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5. Organized Under the Laws of: IDAHO W 80108		6. Signature:  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