No. **W 41236**	**Due no later than Jul 31, 2009** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** SANDPOINT PSYCHOTHERAPY, LLC ELEANOR RAND GURLEY 506 N 4TH AVE SANDPOINT ID 83864 USA	JENNY MIRE 506 N FOURTH AVE SANDPOINT ID 83864 3. New 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
MEMBER	ELEANOR R GURLEY	1605 HOODOO MOUNTAIN ROAD	PRIEST RIVER	ID	USA	83856

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 41236**	Signature: Eleanor Rand Gurley Name (type or print): Eleanor Rand Gurley	Date: 08/25/2009 Title: Owner

Processed 08/25/2009

* Electronically provided signatures are accepted as original signatures.