No. W 152674		Due no later than Jul 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CINDY SHOTSWELL 488 BLUE LAKES BLVD N STE 108 TWIN FALLS ID 83301-4882 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. RE-VIBE COUNSELING, LLC CINDY SHOTSWELL 488 BLUE LAKES BLVD N STE 108 TWIN FALLS ID 83301-4882		TWIN FALLS				
NO FILING RECEIVED BY	DUE DATE	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name	ines and Addresse	Street or PO Address	City	State	Country	Postal Code	
MEMBER	CINDY SHOTSWELL		488 BLUE LAKES BLVD N STE 1	TWIN FALLS	ID	USA	83301-4882	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 152674		Signature: Cir		Date: 07/26/2016				
		Name (type or		Title: Member				
Processed 07/26/2016	5	* Electronically pr	rovided signatures are accepted as original	signatures.				