

No. W 67972	Due no later than Oct 31, 2015 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.		JACOB WILSON 301 DEINHARD MCCALL ID 83638			
	CENTRAL MOUNTAINS COUNSELING, PLLC JACOB W WILSON PO BOX 2553 MCCALL ID 83638 USA		3. <u>New</u> 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
MANAGER	JACOB WILSON	161 HEINRICH LN.	MCCALL	ID	USA	83638
5. Organized Under the Laws of: ID W 67972		6. Annual Report must be signed.* Signature: Jacob Wilson Name (type or print): Jacob Wilson Date: 09/15/2015 Title: Sole Member				
Processed 09/15/2015		* Electronically provided signatures are accepted as original signatures.				