

No. W 75973		Due no later than Jul 31, 2011 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		1. Mailing Address: Correct in this box if needed. SILVER CREEK FORENSIC AND CLINICAL PSYCHOLOGY, PLLC BILL R ARNOLD PHD ABPP 2770 E FRANKLIN RD MERIDIAN ID 83642		BILL R ARNOLD PHD ABPP 2770 E FRANKLIN RD MERIDIAN ID 83642			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name BILL R ARNOLD	Street or PO Address 873 WEST QUARTER DRIVE		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of: ID W 75973		6. Annual Report must be signed.* Signature: Bill R. Arnold Name (type or print): Bill R. Arnold Date: 05/20/2011 Title: Director & Owner					
Processed 05/20/2011 * Electronically provided signatures are accepted as original signatures.							