

No. W 75973		Due no later than Jul 31, 2011		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		Annual Report Form		BILL R ARNOLD PHD ABPP 2770 E FRANKLIN RD MERIDIAN ID 83642	
		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		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
MEMBER	BILL R ARNOLD	873 WEST QUARTER DRIVE	EAGLE	ID	USA 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.			