

No. W 54530		Due no later than Sep 30, 2015		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 1. Mailing Address: Correct in this box if needed. LAURA MCKEE, PSY.D., L.L.C. LAURA MCKEE PO BOX 983 DRIGGS ID 83422 USA		LAURA MCKEE 1300 ARROWHEAD PLAZA WAY DRIGGS ID 83422	
				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	LAURA MCKEE	PO BOX 983	DRIGGS	ID	83422
5. Organized Under the Laws of: ID W 54530		6. Annual Report must be signed.* Signature: Laura McKee, Psy.D., LLC Name (type or print): Laura McKee, Psy.D., LLC Date: 09/28/2015 Title: Single Member			
Processed 09/28/2015		* Electronically provided signatures are accepted as original signatures.			