


No. W 100318	Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CODY EVANS 265 E CHUBBUCK RD CHUBBUCK ID 83202 475 YELLOWSTONE AVE. STE E POCATELLO, ID 83201
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CODY EVANS COUNSELING, LLC CODY R EVANS 265 E CHUBBUCK RD CHUBBUCK ID 83202 475 YELLOWSTONE AVE. STE. E POCATELLO, ID 83201		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	CODY EVANS 475 YELLOWSTONE AVE STE E POCATELLO, ID 83201		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 100318 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): CODY EVANS </div> <div> Date: 2/15/17 Title: OWNER </div> </div>	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM