| No. W 136731 | | Due no later than Apr 30, 2018 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------------------|---|---|------------------------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | the statement of the statement and | LYNNEE ROGERS 1621 S POWERLINE RD NAMPA ID 83686 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. LYNNEE ROGERS COUNSELING, LLC LYNNEE ROGERS 1621 S POWERLINE RD NAMPA ID 83686 | | NAMPA ID | | | | |
| RECEIVED BY | | mana and Adduses | an of at least one Marshay or Managay | | | | | |
| 4. Limited Liability Co Office Held | ompanies: Enter Na Name | mes and Address | es of at least one Member or Manager. Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | LYNNEE RO | GERS | 1621 S. POWERLINE RD | NAMPA | ID | USA | 83686 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 136731 | | Signature: Lynnee Rogers | | D | Date: 02/28/2018 | | | |
| | | Name (type o | or print): Lynnee Rogers | T | Title: Owner/Member | | | |
| Processed 02/28/20: | 18 | * Electronically p | provided signatures are accepted as origina | al signatures. | | | | |