

No. W 51971	Due no later than Jun 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. TRACI CRABB, PSY.D., PLLC TRACI CRABB, PSY.D. 3775 N EAGLE RD BOISE ID 83713		TRACI CRABB 3775 N EAGLE RD BOISE ID 83713			
			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
MANAGER	TRACI CRABB, PSY.D.	3775 N EAGLE RD	BOISE	ID	USA	83713
5. Organized Under the Laws of: ID W 51971	6. Annual Report must be signed.* Signature: Traci Crabb, Psy.D. Name (type or print): Traci Crabb, Psy.D.		Date: 05/26/2011 Title: Manager			
Processed 05/26/2011		* Electronically provided signatures are accepted as original signatures.				