No. W 131502		Due no later than Nov 30, 2017		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		50 CONTROL OF THE CON	NIKEELA BLACK			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO MEDIATION CENTER LLC NIKEELA ABRAMS PO BOX 1656 BOISE ID 83701		BOISE ID	599 W. BANNOCK, STE B BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	NIKEELA ABRAMS		599 W. BANNOCK, STE B	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Nikeela A		Date: 09/18/2017				
W 131502		Name (type or print)		Title: Manager				
Processed 09/18/2017 * Electronically provided signatures are accepted as original signatures.								