

| | | | | | | | |
|--|----------------|---|-------|--|---------|------------------|--|
| No. W 20930 | | Due no later than Oct 31, 2017 | | 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 | | ROSEMARY LUQUE 4172 CRESWELL WAY BOISE ID 83713-2403 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | CRESWELL COUNSELING CENTER, LLC ROSEMARY L LUQUE 4172 N CRESWELL WAY BOISE ID 83713 USA | | | | | |
| 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 | ROSEMARY LUQUE | 4172 CRESWELL WAY | BOISE | ID | USA | 83713 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 20930 | | Signature: Rosemary Luque | | | | Date: 08/30/2017 | |
| | | Name (type or print): Rosemary Luque | | | | Title: MS | |
| Processed 08/30/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |