

|  |                |   |  |  |       |         |             |
|--|----------------|---|--|--|-------|---------|-------------|
| No. <b>W 169639</b>  |                | <b>Due no later than Jul 31, 2017</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )   |       |         |             |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ANNA'S COUNSELING SERVICES PLLC<br>TWYLA CAIRNS<br>1912 S EXETER<br>COUNCIL ID 83612-0814<br>USA |  | TWYLA CAIRNS<br>1912 S EXETER<br>COUNCIL ID 83612-0814 |       |         |             |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                |   |  | 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  | TWYLA R CAIRNS | 1912 SO EXETER PO BOX 814   |  | COUNCIL  | ID    | USA     | 83612-0814  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 169639</b>                                |                | 6. Annual Report must be signed.*<br><br>Signature: Twyla Cairns<br>Name (type or print): Twyla Cairns<br><br>Date: 05/31/2017<br>Title: Manager                  |  |  |       |         |             |
| Processed 05/31/2017 * Electronically provided signatures are accepted as original signatures.     |                |   |  |  |       |         |             |