No. W 123507	Du	Due no later than Mar 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			MICHAEL L STEVENS 4766 WEST OLD HWY 91 INKOM ID 83245			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. MICHAEL L. STEVENS, LCSW LLC MICHAEL L. STEVENS 4766 WEST OLD HWY 91						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			INION ID				
	INKOM ID 83245		3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	ames and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ANGELA R STEVENS		4766 WEST OLD HWY 91	INKOM	ID	USA	83245	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: M		Date: 01/26/2018				
W 123507	Name (type o		Title: Owner				
Processed 01/26/2018	* Electronically provided signatures are accepted as original signatures.						