

No. W 128967	Due no later than Sep 30, 2015 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.		KRISTIN WRIGHT 1098 N BEACHWOOD CT EAGLE ID 83616			
	WELLNESS COUNSELING CENTER LLC KRISTIN WRIGHT 1098 N BEACHWOOD CT EAGLE ID 83616 USA		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	KRISTIN WRIGHT	1098 N BEACHWOOD CT	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 128967		6. Annual Report must be signed.* Signature: Kristin Wright Name (type or print): Kristin Wright Date: 09/07/2015 Title: Manager				
Processed 09/07/2015		* Electronically provided signatures are accepted as original signatures.				