

No. W 166563		Due no later than May 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		1. Mailing Address: Correct in this box if needed. COUNSELING AND NEUROFEEDBACK CENTER LLC. (THE) PO BOX 5597 TWIN FALLS ID 83303		WILLIAM ANTHONY KEZELE 2228 CANDLERIDGE DR TWIN FALLS ID 83301			
				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	MATTHEW JORDAN KEZELE	2228 CANDLERIDGE DRIVE	TWIN FALLS	ID	USA	83301	
MANAGER	WILLIAM ANTHONY KEZELE	2228 CANDLERIDGE DRIVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 166563		6. Annual Report must be signed.* Signature: William Anthony Kezele Name (type or print): William Anthony Kezele Date: 05/17/2017 Title: Owner					
Processed 05/17/2017		* Electronically provided signatures are accepted as original signatures.					