No. **W 107317**	**Due no later than Oct 31, 2016**	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** **1. Mailing Address: Correct in this box if needed.** SUSAN D OLDENKAMP COUNSELING LLC SUSAN D OLDENKAMP 3807 KINGSTON AVE CALDWELL ID 83605	SUSAN D OLDENKAMP 3807 KINGSTON AVE CALDWELL ID 83605 3. New 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
MEMBER	SUSAN D OLDENKAMP	3807 KINGSTON AVE	CALDWELL	ID	USA	83605

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 107317**	Signature: Susan D. OldenKamp	Date: 09/07/2016
	Name (type or print): Susan D. OldenKamp	Title: Managing Member

Processed 09/07/2016

* Electronically provided signatures are accepted as original signatures.