

No. W 116134		Due no later than Aug 31, 2013		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. SNAKE RIVER COUNSELING AND NEUROFEEDBACK, LLC TYRONE R SHUMAN 1326 KIERSTEN DR CHUBBUCK ID 83202		TYRONE R SHUMAN 1326 KIERSTEN DR CHUBBUCK ID 83202			
				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	TYRONE R. SHUMAN	1326 KIERSTEN DR	CHUBBUCK	ID	USA	83202	
5. Organized Under the Laws of: ID W 116134		6. Annual Report must be signed.* Signature: Tyrone Shuman Name (type or print): Tyrone Shuman Date: 06/19/2013 Title: Owner					
Processed 06/19/2013		* Electronically provided signatures are accepted as original signatures.					