| No. <b>W 4004</b>                            |                     | Due no later than May 31, 2014  |             | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|--|---------------------|---|-------------|---|---------|-------------|--|
| Return to:                                   |                     | Annual Report Form  |             | JOHN G ST. CLAIR                            |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON     |                     | 1. Mailing Address: Correct in this box if needed.  ALPINE COUNSELING, PLLC JOHN G ST. CLAIR 2105 CORONADO ST |             | 2105 CORONADO ST<br>IDAHO FALLS ID 83404    |         |             |  |
| PO BOX 83720<br>BOISE, ID 83720-0080         | JOHN G ST           |   |             |   |         |             |  |
|  | IDAHO FALL          | IDAHO FALLS ID 83404  |             | 3. <u>New</u> Registered Agent Signature:*  |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE     |                     |   |             |   |         |             |  |
| 4. Limited Liability Companies: Ent          | er Names and Addres | sses of at least one Member or Manager.   |             |   |         |             |  |
| Office Held Name                             |                     | Street or PO Address  | City        | State                                       | Country | Postal Code |  |
| MEMBER SUSAN M HENG                          |                     | 2235 E 25TH ST STE 220  | IDAHO FALLS | ID  | USA     | 83404       |  |
| 5. Organized Under the Laws of: 6. Annual Re |                     | ort must be signed.*  |             |   |         |             |  |
| ID   | Signature:          | John G. St. Clair   | Date        | Date: 03/25/2014                            |         |             |  |
| W 4004                                       | Name (type          | Name (type or print): John G. St. Clair   |             | Title: Registered Agent                     |         |             |  |
| Processed 03/25/2014                         | * Electronically    | * Electronically provided signatures are accepted as original signatures.                                     |             |   |         |             |  |