

No. W 34646		Due no later than Nov 30, 2012		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. RIVERWOOD COUNSELING, LLC PATTY A BULLICK KOOTENAI MEDICAL CENTER 2003 KOOTENAI HEALTH WAY # 310 COEUR D ALENE ID 83814-2611 USA		PATTY BULLICK KOOTENAI MEDICAL CENTER 2003 KOOTENAI HEALTH WAY # 310 COEUR D'ALENE ID 83814	
				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
MEMBER	LES BULLICK	8323 N TARTAN DRIVE	HAYDEN	ID	USA 83835
5. Organized Under the Laws of: ID W 34646		6. Annual Report must be signed.* Signature: Patty Bullick Name (type or print): Patty Bullick Date: 09/13/2012 Title: Owner			
Processed 09/13/2012		* Electronically provided signatures are accepted as original signatures.			