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|--|-------------|---|--------|--|----------------------|-------------|--|
| No. W 54530 | | Due no later than Sep 30, 2009 | | 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. LAURA MCKEE, PSY.D., L.L.C. LAURA MCKEE PO BOX 983 DRIGGS ID 83422 USA | | LAURA MCKEE 1300 ARROWHEAD PLAZA WAY DRIGGS ID 83422 | | | |
| | | | | 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 | LAURA MCKEE | PO BOX 983 1300 ARROWHEAD PLAZA WAY | DRIGGS | ID | USA | 83422 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 54530 | | Signature: Laura McKee | | | Date: 09/11/2009 | | |
| | | Name (type or print): Laura McKee | | | Title: Single Member | | |
| Processed 09/11/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |