No. W 126970		Due no later than Jul 31, 2017		2. F	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ROXANNE NICHOLS LLC ROXANNE NICHOLS 203 FORT STREET BOISE ID 83702		d.	ROXANNE NICHOLS 203 FORT STREET BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of a	at least one Member or Manager					
	Name	ries and ridaresses or e	Street or PO Address	Ci	ty	State	Country	Postal Code
MANAGER	MANAGER ROXANNE NICHOLS		203 FORT STREET	ВС) DISE	ID	USA	83702
5. Organized Under the Laws of: ID W 126970		6. Annual Report must be signed.* Signature: Roxanne Nichols Name (type or print): Roxanne Nichols			Date: 05/25/2017 Title: Owner, LCPC			
Processed 05/25/2017 * Electronically provided signatures are accepted as original signatures.								