

|  |                |  |         |  |         |                  |  |
|--|----------------|--|---------|--|---------|------------------|--|
| No. <b>W 143171</b>  |                | <b>Due no later than Oct 31, 2015</b>  |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>             |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>PROFESSIONAL COUNSELING AND RECOVERY SUPPORT, LLC<br>ANNE MALLORY<br>2186 6TH AVE S<br>PAYETTE ID 83661 |         | ANNE MALLORY, LPC, ACADC<br>2186 6TH AVE S<br>PAYETTE ID 83661 |         |                  |  |
|  |                |  |         | 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  | ANNE M MALLORY | 2186 6TH AVE S   | PAYETTE | ID   | USA     | 83661            |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |         |  |         |                  |  |
| <b>ID<br/>W 143171</b>   |                | Signature: Anne M. Mallory   |         |  |         | Date: 10/29/2015 |  |
|  |                | Name (type or print): Anne M. Mallory  |         |  |         | Title: Owner     |  |
| Processed 10/29/2015   |                | * Electronically provided signatures are accepted as original signatures.  |         |  |         |                  |  |