

No. W 149873		Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KAT BOWEN COUNSELING, PLLC LINDA BOWEN 123 E 44TH ST #A GARDEN CITY ID 83714		LINDA BOWEN 5918 W FLAMINGO DR BOISE ID 83704			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LINDA KATHELENE BOWEN	Street or PO Address 5918 W FLAMINGO DR		City BOISE	State ID	Country USA	Postal Code 83704
5. Organized Under the Laws of: ID W 149873		6. Annual Report must be signed.* Signature: Linda Bowen Name (type or print): Linda Bowen Date: 03/19/2017 Title: Manager					
Processed 03/19/2017 * Electronically provided signatures are accepted as original signatures.							