No. W 144404 Return to:		Due no later than Nov 30, 2017 Annual Report Form		0.00 0.000.00 0.000.00 0.000	2. Registered Agent and Address (NO PO BOX) JULIE REYNOLDS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. JULIE REYNOLDS LLC JULIE REYNOLDS 1300 SWENSON ROAD GENESEE ID 83832		GENESEE II	1300 SWENSON ROAD GENESEE ID 83832 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MANAGER JULIE ANN REYNOLDS		1300 SWENSON ROAD	GENESEE	ID	USA	83832	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Julie Reynolds			Date: 09/20/2017			
W 144404		Name (type or print): Julie Reynolds			Title: Therapist			
Processed 09/20/2017 * Electronically provided signatures are accepted as original signatures.								