


No. W 24858	Due no later than Jun 30, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DEBORAH R GLASER 3709 TAMARACK DR BOISE ID 83703																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DEBORAH R. GLASER, ED.D., LLC DEBORAH R GLASER 3709 TAMARACK DR BOISE ID 83703 USA		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Deborah R. Glaser</td> <td>3709 Tamarack Dr.</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83703</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Deborah R. Glaser	3709 Tamarack Dr.	Boise	ID	USA	83703	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO W 24858</div>	6. Signature: <u></u> Date: <u>5.14.13</u> Name (type or print): <u>Deborah R. Glaser</u> Title: <u>member</u>																																					

Issued 05/14/2013 by LJC

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM