

No. <b>W 115683</b>	<b>Due no later than Jul 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> HEALING PATH COUNSELING, LLC JULIE SEVERSON 1655 W. FAIRVIEW AVENUE SUITE 115 BOISE ID 83702		JULIE SEVERSON 1655 W. FAIRVIEW AVENUE SUITE 115 BOISE ID 83702			
			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	JULIE SEVERSON	1655 W. FAIRVIEW AVENUE SUITE 115	BOISE	ID	USA	83702
5. Organized Under the Laws of:  <b>ID</b> <b>W 115683</b>		6. Annual Report must be signed.* Signature: Julie Severson Name (type or print): Julie Severson		Date: 08/11/2013 Title: Owner		
Processed 08/11/2013		* Electronically provided signatures are accepted as original signatures.				