No. W 101292		Due no later than Mar 31, 2013		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. PEAK MENTAL WELLNESS AND COUNSELING, LLC MICHAEL E WILEY 5563 W LUCKY DR BOISE ID 83703			MICHAEL E WILEY 5563 W LUCKY DR BOISE ID 83703 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mos and Addresses of	at least one Member or Manager					
Office Held	Name	ines and Addresses of	Street or PO Address	(City	State	Country	Postal Code
MEMBER	MICHAEL E	WILEY	5563 W LUCKY DR	E	BOISE	ID	USA	83703
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael E. Wiley			Date: 01/16/2013			
W 101292		Name (type or print): Michael E. Wiley			Title: Owner			
Processed 01/16/2013	sed 01/16/2013 * Electronically provided signatures are accepted as original signatures.							