

No. W 74272		Due no later than May 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PAMELA FAGAN COUNSELING LLC PAMELA M FAGAN 13599 W. ELMSPRING ST. BOISE ID 83713 USA		PAMELA FAGAN LPC 13923 W. WAINWRIGHT DR. SUITE 302 BOISE ID 83713			
				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	PAMELA FAGAN	13599 W. ELMSPRING ST.	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID W 74272		6. Annual Report must be signed.* Signature: Pamela Fagan Name (type or print): Pamela Fagan Date: 03/20/2013 Title: Owner/Therapist					
Processed 03/20/2013		* Electronically provided signatures are accepted as original signatures.					