No. W 79780		Du	2. Registered	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. CHRISTIAN CLINICAL CONCEPTS, LLC BRIAN L RAYMOND PO BOX 262 STAR ID 83669		10022 W D STAR ID	BRIAN L RAYMOND LMSW 10022 W DYLAN CT STAR ID 83669-8366 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
700 10 1	s: Enter Nar Name	mes and Address	es of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MANAGER B	BRIAN L RA ENNIFER J	A CONTRACTOR OF THE CONTRACTOR	10022 WEST DYLAN COURT 10022 WEST DYLAN CT	STAR STAR	ID ID	USA USA	83669 83669	
5. Organized Under the Laws of: ID W 79780		6. Annual Repor Signature: BF Name (type o		Date: 11/10/2015 Title: OWNER				
Processed 11/10/2015		* Electronically provided signatures are accepted as original signatures.						