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| No. C 143058 | | Due no later than Mar 31, 2018 | | 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 | | 1. Mailing Address: Correct in this box if needed. TUELLER COUNSELING, INC. THOMAS E. TUELLER 2275 WEST BROADWAY SUITE G IDAHO FALLS ID 83402 | | JEFFERY W BANKS 330 SHOUP AVENUE SUITE 201 IDAHO FALLS ID 83402 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature: * | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | MICHELLE TUELLER | 883 E 1300 N | SHELLEY | ID | USA | 83274 | |
| 5. Organized Under the Laws of: ID C 143058 | | 6. Annual Report must be signed.* Signature: Thomas Tueller Name (type or print): Thomas Tueller Date: 01/25/2018 Title: Owner, Clinical Director | | | | | |
| Processed 01/25/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |