

No. W 82933		Due no later than Apr 30, 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. KRISTI FOWLER, LMFT, LLC KRISTI FOWLER 1411 FALLS AVE E, SUITE 205 TWIN FALLS ID 83301		KRISTI FOWLER 1411 FALLS AVE E, SUITE 205 TWIN FALLS ID 83301	
				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	KRISTI FOWLER	1411 FALLS AVE E, SUITE 205	TWIN FALLS	ID	USA 83301
5. Organized Under the Laws of: ID W 82933		6. Annual Report must be signed.* Signature: Kristi Fowler Name (type or print): Kristi Fowler Date: 02/19/2013 Title: Member/manger			
Processed 02/19/2013		* Electronically provided signatures are accepted as original signatures.			