No. <b>W 109696</b> Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  CORE COUNSELING CENTER PLLC JEFF MORENO 847 PARK CENTRE WAY		2. Registered Agent and Address (NO PO BOX)  JEFF MORENO 847 PARK CENTRE WAY SUITE 6 & 7 NAMPA ID 83651  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE							
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	ANDREA EMMONS		847 PARK CENTRE WAY SUITE 6 & 7	NAMPA	ID	USA	83651
5. Organized Under the Laws of:		6. Annual Report must Signature: Jeff More		Date: 11/1	9/2013		
W 109696		Name (type or print): Jeff Moreno		Title: Manager			
Processed 11/19/2013 * Electronically provided signatures are accepted as original signatures.							