

No. W 71977		Due no later than Mar 31, 2014		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. SCHROM THERAPEUTIC HOME CARE FOR BOYS, LLC JOHN P SCHROM 222 NIGHTHAWK RD BONNERS FERRY ID 83805 USA		JOHN P SCHROM 222 NIGHTHAWK RD BONNERS FERRY ID 83805			
				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	
MEMBER	JOHN P SCHROM	165 QUAIL DR	BONNERS FERRY	ID	USA	83805	
MEMBER	JULIA L SCHROM	165 QUAIL DR	BONNERS FERRY	ID	USA	83805	
5. Organized Under the Laws of: ID W 71977		6. Annual Report must be signed.* Signature: John P Schrom Name (type or print): John P Schrom Date: 01/27/2014 Title: Member					
Processed 01/27/2014		* Electronically provided signatures are accepted as original signatures.					