

No. W 78343	Due no later than Oct 31, 2014 Annual Report Form		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. SMALL TALK THERAPY GROUP, LLC TANGELA SCHUERMAN 2281 TONJA LN POCATELLO ID 83201		TANGELA SCHUERMAN 2281 TONJA LN POCATELLO ID 83201			
			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	TANGELA SCHUERMAN	2281 TONJA LN	POCATELLO	ID	USA	83201
MEMBER	JACIE J POLLARD	333 BRISCOE RD.	CHUBBUCK	ID	USA	83202
5. Organized Under the Laws of: ID W 78343	6. Annual Report must be signed.* Signature: Tangela Schuerman Name (type or print): Tangela Schuerman		Date: 08/16/2014 Title: Co-Owner			
Processed 08/16/2014		* Electronically provided signatures are accepted as original signatures.				