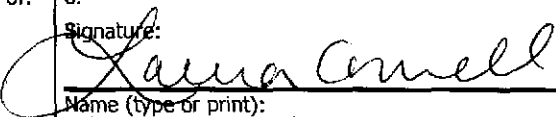


No. W 66292 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017 1. Mailing Address: Correct in this box if needed. COPPER CREEK COUNSELING CENTER LIMITED LIABILITY COMPANY LAURA A CROMWELL 2971 E COPPER POINT DR STE 100 MERIDIAN ID 83642	2. Registered Agent and Office (NOT A P.O. BOX) TERESA ARANA-WOOD 2971 E COPPER POINT DR STE 100 MERIDIAN ID 83642 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Laura Cromwell</td> <td>2971 E Copper Point Suite 100</td> <td>Meridia</td> <td>ID</td> <td></td> <td>83642</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Teresa Arana-wood</td> <td>Suite 100</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>2971 E Copper Point Drive, Meridia, ID</td> <td></td> <td></td> <td></td> <td>83642</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Laura Cromwell	2971 E Copper Point Suite 100	Meridia	ID		83642	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Teresa Arana-wood	Suite 100					Manager <input type="checkbox"/> Member <input type="checkbox"/>		2971 E Copper Point Drive, Meridia, ID				83642	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Laura Cromwell	2971 E Copper Point Suite 100	Meridia	ID		83642																															
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Teresa Arana-wood	Suite 100																																			
Manager <input type="checkbox"/> Member <input type="checkbox"/>		2971 E Copper Point Drive, Meridia, ID				83642																															
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 66292 </div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  Name (type or print): Laura Cromwell </div> <div style="width: 35%;"> Date: 1/8/2018 Title: Manager </div> </div>																																				

Issued 01/08/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM