No. W 132692		Due no later than Jan 31, 2018		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed.		ed.	SHANNON MCNAMARA 520 E COEUR D' ALENE AVE			
		WELLNES SPRINGS COUNSELING, LLC SHANNON MCNAMARA PO BOX 139 COEUR D ALENE ID 83816			COEUR D ALENE ID 83814 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	SHANNON J	MCNAMARA	P.O. BOX 139		COEUR D' ALENE	ID	USA	83816
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Shannon McNamara			Date: 12/27/2017			
W 132692		Name (type or print): Shannon McNamara			Title: LCSW			
Processed 12/27/2017 * Electronically provided signatures are accepted as original signatures.								