

No. <b>W 53203</b>		<b>Due no later than Aug 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  LISA JOHNSON COUNSELING AND CONSULTING LLC LISA JOHNSON 325 EAST SHORE DRIVE, STE 120 EAGLE ID 83616		LISA JOHNSON 1042 W. STEEPLE VIEW DRIVE EAGLE ID 83616			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LISA JOHNSON	Street or PO Address 1042 STEEPLE VIEW DRIVE		City EAGLE	State ID	Country	Postal Code 83616
5. Organized Under the Laws of:  <b>ID</b> <b>W 53203</b>		6. Annual Report must be signed.*  Signature: Lisa Johnson Name (type or print): Lisa Johnson  Date: 07/28/2015 Title: agent					
Processed 07/28/2015 * Electronically provided signatures are accepted as original signatures.							