

No. W 79780	Due no later than Dec 31, 2011 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. CHRISTIAN CLINICAL CONCEPTS, LLC BRIAN L RAYMOND 5700 E. FRANKLIN RD. SUITES 220 A AND H NAMPA ID 83687 USA		BRIAN L RAYMOND LMSW 10022 W DYLAN CT STAR ID 83669			
			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	DEANNA JOHANNSEN	68 SOUTH PEPPERMINT DRIVE	NAMPA	ID	USA	83687
MEMBER	BRIAN L RAYMOND	10022 WEST DYLAN COURT	STAR	ID	USA	83669
5. Organized Under the Laws of: ID W 79780	6. Annual Report must be signed.* Signature: Brian Raymond Name (type or print): Brian Raymond		Date: 01/15/2012 Title: Co-Owner/Agent			
Processed 01/15/2012		* Electronically provided signatures are accepted as original signatures.				