| No. W 40951 | D | Due no later than Jul 31, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---|--------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | DIETER G GEDEIK | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | JOURNEY TO DIETER G. 0 4549 E HAYD | 1. Mailing Address: Correct in this box if needed. JOURNEY TO WELLNESS COUNSELING CENTER, PLLC DIETER G. GEDEIK 4549 E HAYDEN LAKE RD HAYDEN ID 83835-8560 | | 4549 E HAYDEN LAKE RD HAYDEN ID 83835-8560 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | |
| 4. Limited Liability Companies: Ente | er Names and Address | es of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER JACQUE | ELINE A GEDEIK | 4549 e hayden lake RD | HAYDEN | ID | USA | 83835 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | rt must be signed.* | | | | | |
| ID | Signature: D | Signature: Dieter G. Gedeik | | Date: 05/20/2015 | | | |
| W 40951 | Name (type o | or print): Dieter G. Gedeik | | Title: Manager | | | |
| Processed 05/20/2015 | * Electronically p | * Electronically provided signatures are accepted as original signatures. | | | | | |