

No. W 41236		Due no later than Jul 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SANDPOINT PSYCHOTHERAPY, LLC ELEANOR RAND GURLEY 506 N 4TH AVE SANDPOINT ID 83864 USA		JENNY MIRE 506 N FOURTH AVE SANDPOINT ID 83864	
				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	ELEANOR R GURLEY	1605 HOODOO MOUNTAIN ROAD	PRIEST RIVER	ID	USA 83856
5. Organized Under the Laws of: ID W 41236		6. Annual Report must be signed.* Signature: E. Rand Gurley Name (type or print): E. Rand Gurley Date: 05/13/2012 Title: Owner/Member			
Processed 05/13/2012		* Electronically provided signatures are accepted as original signatures.			