

No. W 75877		Due no later than Jul 31, 2018		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. PATTERSON COMPASSIONATE COUNSELING, LLC LAVONNA D PATTERSON 115 EAST 16TH STREET PO BOX 50977 IDAHO FALLS ID 83405-0977 USA		DR LAVONNA D PATTERSON 5003 SHADOW CREEK DR IDAHO FALLS ID 83401			
				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	
MANAGER	LAVONNA D PATTERSON	5003 SHADOW CREEK DRIVE	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 75877		Signature: lavonna Patterson				Date: 08/01/2018	
		Name (type or print): lavonna Patterson				Title: Psychologist	
Processed 08/01/2018		* Electronically provided signatures are accepted as original signatures.					