| No. W 136889 | | Due no later than Apr 30, 2015 | | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-----------|---|------------------------------------|-------|--|-------|---------|-------------|--|
| Return to: | | Annual Report Form | | | SHERRI HORSLEY | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. COMPASS COUNSELING LLC SHERRI HORSLEY 2453 DOUGLAS ST POCATELLO ID 83201 | | | 2453 DOUGLAS ST POCATELLO 83201 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | | |
| 4. Limited Liability Companies: | Enter Nar | nes and Addresses | of at least one Member or Manager. | | | | | | |
| Office Held Na | me | | Street or PO Address | City | | State | Country | Postal Code | |
| MEMBER SH | ERRI LYN | N HORSLEY | 2453 DOUGLAS ST | POCAT | TELLO | ID | USA | 83201 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID | | Signature: sherri horsley | | | Date: 02/17/2015 | | | | |
| W 136889 | | Name (type or print): sherri horsley | | | Title: owner | | | | |
| * Electronically provided signatures are accepted as original signatures. | | | | | | | | | |