No. <b>J 2082</b>		Due no later than Jun 30, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LANE V ERICKSON ESQ			
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.			201 E CENTER ST POCATELLO ID 83201			
		CENTER COUNSELING PSR, LLP Lisa ANDERSON T 265 E CHUBBUCK RD		POCATELLO	POCNIELLO ID 03201			
		Chubbuck ID 83202		3. <u>New</u> Register	3. New Registered Agent Signature:*			
		USA						
4. Limited Liability Part	nerships: Enter N	ames and Business A	ddresses of two (2) or more partners.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PARTNER LEEANN ANDERSON TURPIN PARTNER STEVEN LYNN TRUPIN		4460 CENTRAL WAY NO 4 4460 CENTRAL WAY NO 4	CHUBBUCK POCATELLO	ID ID	USA USA	83202 83201		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: LEEAN		Date: 07/18/2016				
J 2082		Name (type or pr		Title: PARTNER				
Processed 07/18/2016		* Electronically provi	ded signatures are accepted as origina	l signatures.				