No. W 78083		Due no later than Oct 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MICHAEL HILLAM 4696 W. OVERLAND RD. SUITE 156 BOISE ID 83705-2878 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MICHAEL HILLAM, PSY.D. PLLC MICHAEL HILLAM 4696 W. OVERLAND RD. SUITE 156 BOISE ID 83705-2878					
NO FILING RECEIVED BY D	DUE DATE						
7000	•	mes and Addresse	s of at least one Member or Manager.	C'h	Chata	C	Deated Code
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	MICHAEL L	HILLAM	4696 W. OVERLAND RD. SUITE 156	BOISE	ID	USA	83705-2878
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 78083		Signature: Michael Hillam		Date: 09/06/2016			
		Name (type or print): Michael Hillam		Title: Licensed Psychologist/Owner			
Processed 09/06/2016	_	* Electronically pr	ovided signatures are accepted as original sig	gnatures.	_		_