

|  |                  |   |           |   |         |             |  |
|--|------------------|---|-----------|---|---------|-------------|--|
| No. <b>W 143929</b>  |                  | <b>Due no later than Nov 30, 2015</b>   |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>FORTE COUNSELING SERVICE, LLC<br>JANE C COE SMITH<br>3107 DARTAGNAN DR<br>POCATELLO ID 83204 |           | JANE C COE SMITH<br>3107 DARTAGNAN DR<br>POCATELLO ID 83204 |         |             |  |
|  |                  |   |           | 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  | JANE C COE SMITH | 3107 DARTAGNAN DR.  | POCATELLO | ID  | USA     | 83204       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 143929</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Jane C Coe Smith<br>Name (type or print): Jane C Coe Smith  |           |   |         |             |  |
|  |                  | Date: 10/18/2015<br>Title: Sole Owner   |           |   |         |             |  |
| Processed 10/18/2015   |                  | * Electronically provided signatures are accepted as original signatures.   |           |   |         |             |  |