

No. W 159205	Due no later than Dec 31, 2016 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. PEER RECOVERY SUPPORTS OF IDAHO, LLC MONICA FORBES 963 S ORCHARD ST STE 202 BOISE ID 83705		PEER WELLNESS CENTER INC 963 S ORCHARD ST STE 202 BOISE ID 83705-8370			
			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
MEMBER	PEER WELLNESS CENTER, INC.	963 S ORCHARD STREET SUITE 101	BOISE	ID	USA	83705
5. Organized Under the Laws of: ID W 159205	6. Annual Report must be signed.* Signature: Monica Forbes Name (type or print): Monica Forbes		Date: 11/29/2016 Title: Board President			
Processed 11/29/2016		* Electronically provided signatures are accepted as original signatures.				