

No. W 107886	Due no later than Oct 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.		TREVA R RAWLINGS 6807 CODY ST BONNERS FERRY ID 83805			
	RAWLINGS COMMUNITY COUNSELING, LLC TREVA R RAWLINGS 6807 CODY ST BONNERS FERRY ID 83805		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	TREVA R RAWLINGS	6658 COMANCHE ST.	BONNERS FERRY	ID	USA	83805
5. Organized Under the Laws of: ID W 107886		6. Annual Report must be signed.* Signature: TREVA R RAWLINGS Name (type or print): TREVA R RAWLINGS		Date: 09/15/2016 Title: MANAGER		
Processed 09/15/2016		* Electronically provided signatures are accepted as original signatures.				