No. <b>W 133430</b> Return to:		Due no later than Jan 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  OSOA CENTER, LLC JULI A BARDSLEY 3655 S JOHNS EMMETT ID 83617		2. Registered Agent and Address (NO PO BOX)  LISA K SCHIRO 3655 S JOHNS EMMETT 83617  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	OSOA CENTER, LLC JULI A BARDSLEY 3655 S JOHNS						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addresses of a	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	5 A DRAKE 4131 N BUCKBOARD WAY STATE COUNSELING AND THERA 3655 S JOHNS		BOISE EMME		USA USA	83713 83617	
5. Organized Under the Laws of:	6. Annual Report mus	5. Annual Report must be signed.*					
ID	Signature: Juli A Ba	Signature: Juli A Bardsley		Date: 12/29/2014			
W 133430	Name (type or prin	Name (type or print): Juli A Bardsley		Title: member			
Processed 12/29/2014	* Electronically provide	* Electronically provided signatures are accepted as original signatures.					