

No. W 41881	Due no later than Aug 31, 2011 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. ABOUT BALANCE MENTAL HEALTH, LLC MARZENA ZAJDA 6550 EMERALD ST., STE 108 BOISE ID 83704		MARZENA ZAJDA 8135 W PETERSON BOISE ID 83714			
			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	MARZENA ZAJDA	8135 W PETERSON	BOISE	ID	USA	83714
5. Organized Under the Laws of: ID W 41881		6. Annual Report must be signed.* Signature: Marzena Zajda Name (type or print): Marzena Zajda		Date: 06/13/2011 Title: Owner		
Processed 06/13/2011		* Electronically provided signatures are accepted as original signatures.				