

No. W 89121		Due no later than Dec 31, 2014 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		1. Mailing Address: Correct in this box if needed. HOLLIS MENTAL HEALTH SERVICES LLC NELA J HOLLIS 620 S IDAHO AVE FRUITLAND ID 83619 USA		NELA J HOLLIS 620 S IDAHO AVE FRUITLAND 83619			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name NELA J HOLLIS	Street or PO Address 620 S IDAHO AVE		City FRUITLAND	State ID	Country USA	Postal Code 83619
5. Organized Under the Laws of: ID W 89121		6. Annual Report must be signed.* Signature: Nela J Hollis Name (type or print): Nela J Hollis Date: 10/28/2014 Title: Owner					
Processed 10/28/2014 * Electronically provided signatures are accepted as original signatures.							