No. **C 172329**	**Due no later than Mar 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.** BEHAVIORAL HEALTH SOLUTIONS, P.A. MARK F YAMA 1044 ORCHARD LOOP RD TROY ID 83871	MARK F YAMA 1044 ORCHARD LOOP RD TROY ID 83871 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	SHEILA B YAMA	1044 ORCHARD LOOP RD	TROY	ID	USA	83871
PRESIDENT	MARK F YAMA	1044 ORCHARD LOOP RD	TROY	ID	USA	83871

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 172329**	Signature: Mark F. Yama	Date: 02/17/2016
	Name (type or print): Mark F. Yama	Title: President

Processed 02/17/2016

* Electronically provided signatures are accepted as original signatures.