

REINSTATEMENT

FILED EFFECTIVE

No. C 153901 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 06/04/2009 (If filed, address of the corporation or partnership) RELIANCE MENTAL HEALTH, PC 447 PARK AVE IDAHO FALLS, ID 83402	2. Registered Agent and Office NOT A P.O. BOX SANDRA FRANCIS 447 PARK AVE IDAHO FALLS, ID 83402 3. New registered agent signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Sandra Francis</td> <td>1271 W. Quinn Rd</td> <td>Pocatello</td> <td>ID</td> <td>83202</td> </tr> <tr> <td>Vice President</td> <td>Parris Allen</td> <td>1271 W. Quinn Rd</td> <td>Pocatello</td> <td>ID</td> <td>83202</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Sandra Francis	1271 W. Quinn Rd	Pocatello	ID	83202	Vice President	Parris Allen	1271 W. Quinn Rd	Pocatello	ID	83202
Office held	Name	Street or P.O. Address	City	State	Zip															
President	Sandra Francis	1271 W. Quinn Rd	Pocatello	ID	83202															
Vice President	Parris Allen	1271 W. Quinn Rd	Pocatello	ID	83202															
5. Organized under the laws of: IDAHO C 153901	6. Signature  Name (Typed or Printed) <u>Parris Allen</u> Date <u>6-12-09</u> Title <u>Vice President</u>																			

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