

No. W 19343		Due no later than May 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. EAGLE RIVER PSYCHIATRY & COUNSELING SERVICES, P.L.L.C. GRANT B BELNAP MD 1032 BRIDGEWAY PLACE STE 100 EAGLE ID 83616		GRANT B BELNAP MD 1032 S BRIDGEWAY PL STE 100 EAGLE 83616-8361			
				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	
MEMBER	GRANT B BELNAP MD	1032 S BRIDGE WAY PL SUITE 100	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 19343		6. Annual Report must be signed.* Signature: Grant Belnap Name (type or print): Grant Belnap Date: 03/23/2015 Title: Owner					
Processed 03/23/2015		* Electronically provided signatures are accepted as original signatures.					