No. W 88127		Due no later than Nov 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TIMOTHY J HOEKSTRA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MENTAL HEALTH DATA SOLUTIONS, LLC ROBERT F SPIEL 5493 S TAPPAN FALLS DR IDAHO FALLS ID 83406		2705 N SAND TRAP WAY POST FALLS ID 83854 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at le	east one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER ROBERT F SPIEL		SPIEL	5493 S. TAPPAN FALLS DR.	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Robert Spiel		Date: 09/13/2011			
W 88127		Name (type or print): Robert Spiel		Title: Member			
Processed 09/13/2011 * Electronically provided signatures are accepted as original signatures.							