

No. W 73180		Due no later than Apr 30, 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		1. Mailing Address: Correct in this box if needed. ASSURANCE BEHAVIORAL HEALTH, LLC JAMES L FRIES 304 E IVY GLADE ST KUNA ID 83634 USA		JAMES L FRIES 304 E IVY GLADE ST KUNA ID 83634-8363			
				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	
MANAGER	JAMES L FRIES	304 E. IVY GLADE ST.	KUNA	ID	USA	83634	
MEMBER	JENNIFER M WALL	304 E IVY GLADE ST	KUNA	ID	USA	83634	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 73180		Signature: James L Fries				Date: 05/18/2015	
		Name (type or print): James L Fries				Title: LMSW, Manager	
Processed 05/18/2015		* Electronically provided signatures are accepted as original signatures.					