

No. <b>W 73180</b>		<b>Due no later than Apr 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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:  <b>ID</b> <b>W 73180</b>		6. Annual Report must be signed.*  Signature: James L Fries Name (type or print): James L Fries					
		Date: 05/18/2015 Title: LMSW, Manager					
Processed 05/18/2015      * Electronically provided signatures are accepted as original signatures.							