No. W 33663	Due no later than October 31, 2006	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box, if applicable	EYNN RUSSELL SUSAN STELLEN
	SAND CREEK MENTAL HEALTH & WELLNESS LYNN RUSSELL 9511 BAACK ST HAYDEN, ID 83835	HAXDEN, ID 600005 SAND POINT ID 600005 SAND POINT ID 600005 SAND POINT ID
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
Limited Liability Compa	nies: Enter Names and Addresses of Members.	Jesum Cure
Office held Name Lynn Russell Stephen Cummin Susan Stevens	Street or P.O. Address 9511 BAACK ST 45131 PENNYLANE 131 PENNYLANE 5ANDE	State Zip 1
5. Organized Under the Laws of: IDAHO W 33663	6. Signature Assum Allin Name (Typed or Susan Steven)	
Issued 08/01/2006	Do Not Tape or Staple	