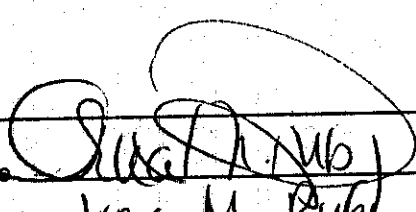


No. W 38387 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than April 30, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable IDEAL MENTAL HEALTH, LIMITED LIABIL 16 12TH AVE SOUTH STE 216 NAMPA, ID 83651	2. Registered Agent and Office NO PO BOX IRMA MOLINA RUBY 16 12TH AVE S STE 216 NAMPA, ID 83651 3. New Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Irma M. Ruby	16 12th Ave. S. Ste. 216	Nampa.	Id.	83651

5. Organized Under the Laws of: IDAHO W 38387	6. Signature  Name (Typed or Printed) <u>Irma M. Ruby</u>	Date <u>2-7-07</u> Title <u>Owner</u>
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Issued 02/01/2007

Do Not Tape or Staple

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