No. <b>C 153921</b>		Due no later than Mar 31, 2014	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	DAWN FLETCHER 420 MAIN AVE S TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TWIN FALLS MENTAL HEALTH ADVOCATES, INC.  DAWN M FLETCHER  420 MAIN AVE S  TWIN FALLS ID 83301				
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
4. Corporations: Enter Nam	es and Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	PAM GORE	1503 E 4500 N	BUHL	ID	USA	83316
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Dawn Fletcher	Date: 02/28/2014			
C 153921		Name (type or print): Dawn Fletcher	Title: Director			
Processed 02/28/2014 * Electronically provided signatures are accepted as original signatures.						