

No. W 73180		Due no later than Apr 30, 2014		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		Annual Report Form		JAMES L FRIES 304 E IVY GLADE ST KUNA ID 83634			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ASSURANCE BEHAVIORAL HEALTH, LLC JAMES L FRIES 304 E IVY GLADE ST KUNA ID 83634 USA					
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	
MEMBER	JENNIFER M WALL	304 E IVY GLADE ST	KUNA	ID	USA	83634	
MANAGER	JAMES L FRIES	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: 05/14/2014		
		Name (type or print): James L Fries			Title: Ceo, Lmsw		
Processed 05/14/2014		* Electronically provided signatures are accepted as original signatures.					