No. W 90347		Due no later than Feb 28, 2015 2. Registered Agent and Address (NO PO BC				PO BOX)	
Return to:		Annual Report Form		MANUEL SIERRA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. YOUTH OUTDOOR UNDERSTANDING OF THERAPEUTIC HEALTH, LLC MANUEL SIERRA 300 VALLEYVIEW POCATELLO ID 83204	300 VALLEYVIEW POCATELLO 83204-8320				
			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Com	panies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MANUEL SIE	ERRA 300 VALLEYVIEW DR	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 90347		Signature: Manuel Sierra	Date: 01/14/2015				
		Name (type or print): Manuel Sierra	Title: MD				
Processed 01/14/2015 * Electronically provided signatures are accepted as original signatures.							