

No. C 161925		Due no later than Aug 31, 2012 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. FOUR RIVERS MENTAL HEALTH, INC. KRISSIE A MUNSON 1605 S KIMBALL AVE CALDWELL ID 83605		KRISSIE MUNSON 1605 S KIMBALL AVE CALDWELL ID 83605			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	KRISSIE A MUNSON	1605 S KIMBALL AVE	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of: ID C 161925		6. Annual Report must be signed.* Signature: Krissie Munson Name (type or print): Krissie Munson					
		Date: 06/27/2012 Title: President					
Processed 06/27/2012 * Electronically provided signatures are accepted as original signatures.							