

No. W 63515		Due no later than Jun 30, 2012		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		CORY L THACKER 11104 W STATE ST STAR ID 83669-0545			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ALLIED MENTAL HEALTH SERVICES, P.L.L.C. CORY L THACKER PO BOX 545 11104 W. STATE ST. STAR ID 83669-0545 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	
MANAGER	CORY L THACKER	5900 W. USTICK RD	MERIDIAN	ID	USA	83646	
MANAGER	RACHEL D THACKER	5900 W. USTICK RD	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 63515		Signature: Cory L. Thacker				Date: 04/17/2012	
		Name (type or print): Cory L. Thacker				Title: President	
Processed 04/17/2012		* Electronically provided signatures are accepted as original signatures.					