No. C 119309		Due no later than Apr 30, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. J & M MENTAL HEALTH, INC. T. BLAKE KINNEY P O BOX 1472 BLACKFOOT ID 83221 USA		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				JARED M HARRIS 266 W BRIDGE BLACKFOOT ID 83221 3. New Registered Agent Signature:*				
4. Corporations: Enter N	lames and Busin	ess Addresses of Pre	sident, Secretary, and Directors. To	reasurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY	ETARY BERNICE K MARLEY		PO BOX 1472		BLACKFOOT	ID	USA	83221
TREASURER LUANA L KINI		NNEY	PO BOX 1472		BLACKFOOT	ID	USA	83221
PRESIDENT	TED BLAKE 1	(INNEY	PO BOX 1472		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Becky J Clements		Date: 04/05/2013				
C 119309		Name (type or print): Becky J Clements		Title: Office Manager				
Processed 04/05/2013		* Electronically prov	ided signatures are accepted as ori	iginal sign	atures.			