

No. W 109616	Due no later than Dec 31, 2017 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. BRIDGES TO MENTAL HEALTH, LLC RON BOWEN PO BOX 41 NAMPA ID 83653-0190		ROBIN D FOX 2317 S SCYENE WAY BOISE ID 83712			
			3. <u>New</u> Registered Agent Signature:*			
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	ROBIN D FOX	2317 S SCYENE WAY	BOISE	ID	USA	83712
5. Organized Under the Laws of: ID W 109616	6. Annual Report must be signed.* Signature: ROBIN D FOX Name (type or print): ROBIN D FOX		Date: 11/20/2017 Title: MEMBER			
Processed 11/20/2017		* Electronically provided signatures are accepted as original signatures.				