

No. <b>C 172329</b>	<b>Due no later than Mar 31, 2011</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> BEHAVIORAL HEALTH SOLUTIONS, P.A. MARK F YAMA 1044 ORCHARD LOOP RD TROY ID 83871	MARK F YAMA 1044 ORCHARD LOOP RD TROY ID 83871	
		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
SECRETARY	SHEILA B YAMA	1044 ORCHARD LOOP RD	TROY ID USA 83871
PRESIDENT	MARK F YAMA	1044 ORCHARD LOOP RD	TROY ID USA 83871
5. Organized Under the Laws of:  <b>ID C 172329</b>	6. Annual Report must be signed.* Signature: Mark F Yama Name (type or print): Mark F Yama		Date: 02/25/2011 Title: President
Processed 02/25/2011		* Electronically provided signatures are accepted as original signatures.	