No. W 89121		Due no later than Dec 31, 2010	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form	BRAD W LEVITT				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HOLLIS MENTAL HEALTH SERVICES LLC NELA J HOLLIS 620 S IDAHO AVE FRUITLAND ID 83619	620 S IDAHO AVE FRUITLAND ID 83619 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Limited Liability Comp	panies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	NELA J HOL	LIS 620 S IDAHO AVE	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Nela J Hollis LPC	Date: 10/22/2010				
W 89121		Name (type or print): Nela J Hollis LPC	Title: Owner				
Processed 10/22/2010	* Electronically provided signatures are accepted as original signatures.						