No. C 197081		Due no later than Jan 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to:				VIRGIL LARSON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PHYSICIANS MENTAL HEALTH SERVICES INC			495 YELLOWSTONE AVE POCATELLO 83201			
		RANDY VAWDREY 495 YELLOWSTONE AVE						
		POCATELLO ID 83201		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
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
VICE PRESIDENT	RANDY VAW	/DREY	495 YELLOWSTONE		POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Randy Vawdrey			Date: 12/10/2014			
C 197081		Name (type or print): Randy Vawdrey			Title: VP			
Processed 12/10/2014 * Electronically provided signatures are accepted as original signatures.								