

No. <b>W 134491</b>	<b>Due no later than Feb 28, 2015</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> HOPE MENTAL HEALTH LLC RACHEL D CLARK 3425 OWEN ST AMMON ID 83406		RACHAEL D CLARK 360 UTLEY CIR IDAHO FALLS 83401-8340			
			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	RACHEL CLARK	3425 OWEN ST	AMMON	ID	USA	83406
5. Organized Under the Laws of:  <b>ID</b> <b>W 134491</b>		6. Annual Report must be signed.* Signature: Rachel Clark Name (type or print): Rachel Clark		Date: 02/28/2015 Title: Owner		
Processed 02/28/2015		* Electronically provided signatures are accepted as original signatures.				