

No. C 179664		Due no later than Aug 31, 2016		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		Annual Report Form		JOYCE LEWIS 39 PROFESSIONAL PLAZA REXBURG ID 83440			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ARCADIA MENTAL HEALTH RESOURCES INC JOYCE LEWIS PO BOX 281 ST ANTHONY ID 83445					
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	NILE E LEWIS	601 CASPER AVE	REXBURG	ID	USA	83440	
PRESIDENT	JOYCE L LEWIS	601 CASPER AVE	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 179664		Signature: JOYCE LEWIS			Date: 07/11/2016		
		Name (type or print): JOYCE LEWIS			Title: PRESIDENT		
Processed 07/11/2016		* Electronically provided signatures are accepted as original signatures.					