## FILES FECTIVE REINSTATEMENT

	Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX ARTHUR H DEARING 1615 8TH ST S		
No. W 16995	ADMIN DISSOLVED 01/06/2003			
Return to:	1 Mailing Address - Correct in this box if applicable			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	E SPRING MENTAL HEALTH, LLC. NAMPA, 83651		1	
BOISE, ID 83720-0080	1615 8TH ST S	3. New registered	agent signature	
FEE DUE \$30.00	NAMPA, 83651			
Corporations: Enter Names and Bu Limited Liability Companies: Enter	usiness Addresses of President, Secretary and Directors Names and Addresses of Managers or Members (check one)			
Office held Name	Street or P.O. Address	City	<u>Ştate</u>	Zip
	Dearing 10020 Stenlast Dr	City Bure Numba	- 1 V	83709 83714
Pres Ant 5	Dearing 10020 Sterlist Dr Dearing 1615 8th st south	Numpa	II,	83714
*				
			<del> </del>	<del> </del>
5. Organized under the laws of:	Signature Doby Draw	Date	2-14-	02
IDAHO W 16895	Name (Typed or Pronted)	Title	- Lace	٠