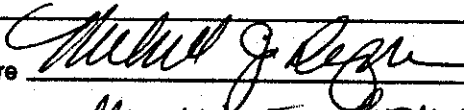


No. W 48663	Due no later than March 31, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX MICHAEL REZNICEK M.D. 3617 9TH ST LEWISTON, ID 83501
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PSYCHIATRIC CONSULTING SERVICES, PL 3617 9TH ST LEWISTON, ID 83501	3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	MICHAEL J. REZNICEK	3617 9TH ST	LEWISTON	ID	83501

5. Organized Under the Laws of: IDAHO W 48663	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature  Name (Typed or Printed) MICHAEL J. REZNICEK </div> <div style="width: 35%;"> Date 3-11-07 Title MEMBER </div> </div>
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