

No. W 77145	Due no later than Aug 31, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. BOISE FORENSIC PSYCHIATRY, PLLC SCOTT A ELIASON 2976 E STATE ST SUITE 120-432 EAGLE ID 83616-6394		SCOTT ELIASON 414 W TWO RIVERS DR EAGLE ID 83616			
			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
MANAGER	SCOTT A ELIASON	101 EAGLE GLEN SUITE D	EAGLE	ID	USA	83713-5005
5. Organized Under the Laws of: ID W 77145		6. Annual Report must be signed.* Signature: Scott Eliason Name (type or print): Scott Eliason Date: 08/05/2017 Title: Owner				
Processed 08/05/2017		* Electronically provided signatures are accepted as original signatures.				