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|--|---------------|---|-----------|--|---------|----------------------|--|
| No. W 89121 | | Due no later than Dec 31, 2012 | | 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. HOLLIS MENTAL HEALTH SERVICES LLC NELA J HOLLIS 620 S IDAHO AVE FRUITLAND ID 83619 USA | | NELA J HOLLIS 620 S IDAHO AVE FRUITLAND ID 83619 | | | |
| | | | | 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 | NELA J HOLLIS | 620 S IDAHO AVE | FRUITLAND | ID | USA | 83619 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 89121 | | Signature: Nela J Hollis | | | | Date: 10/15/2012 | |
| | | Name (type or print): Nela J Hollis | | | | Title: Manager/Owner | |
| Processed 10/15/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |