

No. W 4453 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than August 31, 2004 Annual Report Form 1. Mailing Address - Correct in this box, if applicable SOUTHERN IDAHO MENTAL HEALTH CLINIC KAYNE KISHIYAMA 488 BLUE LAKES BLVD N STE 106 TWIN FALLS, ID 83301	2. Registered Agent and Office NO PO BOX XXXXXXXXXX Jon F. Burke 488 BLUE LAKES BLVD N STE 106 TWIN FALLS, ID 83301 <i>Jon F. Burke, Ph.D.</i> 3. New Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Member</td> <td>Kayne Kishiyama, MD 2267 Hillcrest Dr.,</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td></td> <td>Member</td> <td>Jon F. Burke, Ph.D. 1264 Madrona North,</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td></td> <td>Member</td> <td>LoriLee Critchfield, Ph.D., 675 N. Center,</td> <td>Oakley,</td> <td>ID</td> <td>83346</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Member	Kayne Kishiyama, MD 2267 Hillcrest Dr.,	Twin Falls,	ID	83301		Member	Jon F. Burke, Ph.D. 1264 Madrona North,	Twin Falls,	ID	83301		Member	LoriLee Critchfield, Ph.D., 675 N. Center,	Oakley,	ID	83346
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 4453 </div>	6. Signature <i>Jon F. Burke, Ph.D.</i> Date <u>6-23-04</u> Name <small>(Typed or Printed)</small> Jon F. Burke, Ph.D. Title <u>Member</u>																									

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