

No. J 287 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 December 31, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable BPA BEHAVIORAL HEALTH, LLP D WHITMAN JONES 1501 TYRELL LN BOISE, ID 83706	2. Registered Agent and Office NO PO BOX D WHITMAN JONES 1501 TYRELL LN BOISE, ID 83706 3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Bruce Wixson</td> <td>600 E. Riverpark Lane Suite 200</td> <td>Boise</td> <td>Id</td> <td>83706</td> </tr> <tr> <td></td> <td>Tom Farmer</td> <td>600 E. Riverpark Lane Suite 200</td> <td>Boise</td> <td>Id</td> <td>83706</td> </tr> <tr> <td></td> <td>D. Whitman Jones</td> <td>380 E. Parkcenter Blvd Suite 300</td> <td>Boise</td> <td>Id</td> <td>83706</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>		Bruce Wixson	600 E. Riverpark Lane Suite 200	Boise	Id	83706		Tom Farmer	600 E. Riverpark Lane Suite 200	Boise	Id	83706		D. Whitman Jones	380 E. Parkcenter Blvd Suite 300	Boise	Id	83706
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5. Organized Under the Laws of: IDAHO J 287	6. Signature <u>Bruce R Wixson</u> Date <u>1/17/06</u> Name (Typed or Printed) <u>Bruce R Wixson</u> Title <u>Clinic Director</u>																									

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