

No. W 121576		Due no later than Feb 29, 2016		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. NEW HORIZONS MENTAL WELLNESS CLINICS PLLC DARRIN ROBERTSON 1352 E. CENTER STE A POCATELLO ID 83201		DARRIN ROBERTSON 417 E PARK AMERICAN FALLS ID 83211			
				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	DARRIN ROBERTSON	417 E. PARK	AMERICAN FALLS	ID	USA	83211	
5. Organized Under the Laws of: ID W 121576		6. Annual Report must be signed.* Signature: Darrin Robertson Name (type or print): Darrin Robertson		Date: 12/31/2015 Title: Manager			
Processed 12/31/2015		* Electronically provided signatures are accepted as original signatures.					