

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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name DARRIN ROBERTSON	Street or PO Address 417 E. PARK		City AMERICAN FALLS	State ID	Country USA	Postal Code 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.							