

No. W 63515		Due no later than Jun 30, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALLIED MENTAL HEALTH SERVICES, P.L.L.C. CORY L. THACKER PO BOX 545 11104 W. STATE ST. STAR ID 83669-0545 USA		CORY L THACKER 11104 W STATE ST STAR ID 83669-0545			
				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	CORY L THACKER	18409 ADMIRAL WAY	NAMPA	ID	USA	83687	
MANAGER	RACHEL D THACKER	18409 ADMIRAL WAY	NAMPA	ID	USA	83687	
5. Organized Under the Laws of: ID W 63515		6. Annual Report must be signed.* Signature: Cory L. Thacker Name (type or print): Cory L. Thacker Date: 04/21/2011 Title: President					
Processed 04/21/2011		* Electronically provided signatures are accepted as original signatures.					