

No. <b>C 187376</b>		<b>Due no later than May 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  BEHAVIORAL HEALTH IDAHO, INC. TAMI SUE JONES 2273 S. VISTA AVE. #190 BOISE ID 83709 USA		TAMI SUE JONES 7116 ASHLAND DRIVE BOISE ID 83709			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	TAMI SUE JONES	2273 S. VISTA AVE. #190	BOISE	ID	USA	83705	
SECRETARY	TAMI SUE JONES	2273 S. VISTA #190	BOISE	ID	USA	83705	
PRESIDENT	TAMI SUE JONES	2273 S. VISTA #190	BOISE	ID	USA	83705	
5. Organized Under the Laws of:  <b>ID</b> <b>C 187376</b>		6. Annual Report must be signed.*  Signature: Tami Jones Name (type or print): Tami Jones					
		Date: 05/19/2015 Title: President					
Processed 05/19/2015		* Electronically provided signatures are accepted as original signatures.					