No. W 31250		Due no later than Jun 30, 2009		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		EDWARD K JOLLIFF				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. JOLLIFF COUNSELING AND BEHAVIORAL HEALTH, LLC EDWARD JOLLIFF PO BOX 5462 TWIN FALLS ID 83303			834 FALLS AVE STE 1050 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code
MEMBER EDWARD K		JOLLIFF	44 DRY GULCH RD		HANSEN	ID	USA	83334
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Edward Jolliff			Date: 04/13/2009			
W 31250		Name (type or print): Edward Jolliff			Title: Owner			
rocessed 04/13/2009 * Electronically provided signatures are accepted as original signatures.								