

No. W 92732		Due no later than Apr 30, 2014 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. CROSSPOINTE MENTAL HEALTH, LLC JENNIE R FULLMER 430 FALLS AVE STE 100 TWIN FALLS ID 83301		JENNIE R FULLMER 1247 FILER AVE E TWIN FALLS ID 83301			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	NYLA M JENSEN	1640 WILLOW LANE	TWIN FALLS	ID	USA	83301	
MEMBER	MARK A GRITTON	1577 VISTA DR	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 92732		6. Annual Report must be signed.* Signature: Mark Gritton Name (type or print): Mark Gritton					
		Date: 03/03/2014 Title: Owner/Officer					
Processed 03/03/2014		* Electronically provided signatures are accepted as original signatures.					