

No. <b>W 92732</b>		<b>Due no later than Apr 30, 2014</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  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			
				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:  <b>ID W 92732</b>		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.					