| No. C 187376 | | Due no later than May 31, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|-------------------------------------|---|----------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | BEHAVIORA TAMI SUE 1811 E. KA | Annual Report Form 1. Mailing Address: Correct in this box if needed. BEHAVIORAL HEALTH IDAHO, INC. TAMI SUE JONES 1811 E. KARCHER ROAD NAMPA ID 83687 | | TAMI SUE JONES 7116 ASHLAND DRIVE BOISE ID 83709 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | of Decident Country and Director Transport | way (askisaal) | | | | |
| l seem to see the seem of the | | of President, Secretary, and Directors. Treasu | | - | _ | | |
| Office Held Nam | e | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR TAM: | SUE JONES | 2273 S. VISTA AVE. #190 | BOISE | ID | USA | 83705 | |
| SECRETARY TAM: | SUE JONES | 2273 S. VISTA #190 | BOISE | ID | USA | 83705 | |
| PRESIDENT TAM: | SUE JONES | 2273 S. VISTA #190 | BOISE | ID | USA | 83705 | |
| 5. Organized Under the Laws of | : 6. Annual Re | port must be signed.* | | | | | |
| l 1D | Signature: | Signature: Tami Jones | | Date: 05/22/2018 | | | |
| C 187376 | Name (typ | Name (type or print): Tami Jones | | Title: President | | | |
| Processed 05/22/2018 | * Electronicall | y provided signatures are accepted as original | signatures. | | | | |