

No. W 79537	Due no later than Dec 31, 2010 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NORTHWEST NEUROBEHAVIORAL HEALTH, PLLC JENNIFER A LA JEUNESSE 2950 E MAGIC VIEW DR STE 140 MERIDIAN ID 83642		TREVOR HALL PSYD 5047 WEST PARSONS DRIVE BOISE ID 83714			
			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
MANAGER	TREVOR A HALL	5047 WEST PARSONS DRIVE	BOISE	ID	USA	83714
5. Organized Under the Laws of: ID W 79537	6. Annual Report must be signed.* Signature: Jennifer A La Jeunesse Name (type or print): Jennifer A La Jeunesse		Date: 10/12/2010 Title: Practice Manager			
Processed 10/12/2010		* Electronically provided signatures are accepted as original signatures.				