

No. W 29285		Due no later than Mar 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. R H MENTAL HEALTH SERVICES, PLLC RICK HEIKKILA 16703 N YORKSHIRE LN NAMPA ID 83687 USA		RICK HEIKKILA 16703 N YORKSHIRE LANE NAMPA ID 83687			
				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	RICK HEIKKILA	16703 N YORKSHIRE LANE	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 29285		Signature: Rick Heikkila				Date: 01/26/2014	
		Name (type or print): Rick Heikkila				Title: Member/Owner	
Processed 01/26/2014		* Electronically provided signatures are accepted as original signatures.					