

No. W 29285	Due no later than Mar 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	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: ID W 29285		6. Annual Report must be signed.* Signature: Rick Heikkila Name (type or print): Rick Heikkila Date: 01/26/2014 Title: Member/Owner				
Processed 01/26/2014		* Electronically provided signatures are accepted as original signatures.				