

No. W 33663		Due no later than Oct 31, 2005		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		LYNN RUSSELL 9511 BAACK ST HAYDEN ID 83835 0000	
		1. Mailing Address: Correct in this box if needed. SAND CREEK MENTAL HEALTH & WELLNESS, LLC LYNN RUSSELL 9511 BAACK ST HAYDEN ID 83835 0000		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	LYNN RUSSELL	9511 BAACK ST	HAYDEN	ID	83835
MEMBER	WILLIAM F RUSSELL	9511 BAACK ST	HAYDEN	ID	83835
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
IDAHO W 33663		Signature: Lynn Russell		Date: 11/08/2005	
		Name (type or print): Lynn Russell		Title: Owner	
Processed 11/08/2005		* Electronically provided signatures are accepted as original signatures.			