No. W 69094		Due no later than Dec 31, 2011		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CHARLES C NOVAK MD 413 N ALLUMBAUGH ST #101 BOISE ID 83704-9208			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SAGE PSYCHIATRIC MANAGEMENT, PLLC 413 N ALLUMBAUGH ST #101 BOISE ID 83704-9208						
				BOISE ID				
				3. New Regist	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER CHARLES C			413 N ALLUMBAUGH ST #101	BOISE	ID	USA	83704-9208	
MEMBER ROBERTO N		EGRON	413 N ALLUMBAUGH ST, #101	BOISE	ID	USA	83704-9208	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 69094		Signature: Jennifer Burch		Date: 01	Date: 01/09/2012			
		Name (type or print): Jennifer Burch		Title: business/HR manager				
Processed 01/09/2012 * Electronically provided signatures are accepted as original signatures.								