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|--|----------------|---|----------|--|---------|------------------|--|
| No. W 19103 | | Due no later than May 31, 2008 | | 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. MAGELLAN BEHAVIORAL HEALTH SYSTEMS, LLC MARIA AYUB 6950 COLUMBIA GATEWAY DR COLUMBIA MD 21046 | | CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 | | | |
| | | | | 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 | MARK S DEMILIO | 6950 COLUMBIA GATEWAY DR | COLUMBIA | MD | USA | 21046 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| UT W 19103 | | Signature: Mark S. Demilio | | | | Date: 05/30/2008 | |
| | | Name (type or print): Mark S. Demilio | | | | Title: Member | |
| Processed 05/30/2008 | | * Electronically provided signatures are accepted as original signatures. | | | | | |