

No. <b>W 73180</b>		<b>Due no later than Apr 30, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> ASSURANCE BEHAVIORAL HEALTH, LLC JAMES L FRIES 12 HIGH MOUNTAIN RD BOISE ID 83716		JAMES L FRIES 12 HIGH MOUNTAIN RD BOISE ID 83716			
				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	
MANAGER	JAMES L FRIES	12 HIGH MOUNTAIN RD	BOISE	ID	USA	83716	
5. Organized Under the Laws of:  <b>ID W 73180</b>		6. Annual Report must be signed.* Signature: James Fries Name (type or print): James Fries Date: 05/11/2010 Title: Ceo					
Processed 05/11/2010		* Electronically provided signatures are accepted as original signatures.					