

No. W 4453	Annual Report Form Due No Later Than November 30, 1998	2. Registered Agent and Office NOT A P.O. BOX KAYNE KISHIYAMA 488 BLUE LAKES BLVD N TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SOUTHERN IDAHO MENTAL HEALTH KAYNE KISHIYAMA 488 BLUE LAKES BLVD N TWIN FALLS ID 83301	3. Organized Under the Laws of: ID W 4453

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
member	KAYNE KISHIYAMA	2267 HILLCREST DRIVE	Twin Falls	Idaho	83301
member.	ERIC JONES	3567 South 1425 EAST	WENDELL	Idaho	83355
MEMBER	JOE BURKE	1264 MADRONA North	Twin Falls	Idaho	83301
member	VALERIE BURKE	1264 MADRONA North	Twin Falls	Idaho	83301
MEMBER	Susan McFarland.	531 BUCHANAN	Twin Falls	Idaho	83301

5. Signature of New Registered Agent

6.

Signature

Kayne Kishiyama

Date

07/13/98

Name (Typed or Printed)

KAYNE KISHIYAMA

Title

MD

ISSUED: 07-03-1998

↓ DO NOT TAPE OR STAPLE ↓

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