No. C 75241	Annual Report Form Due No Later Than November 30,	995 2. Registered Age	2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct		C T CORPORATION SYSTEM		
700 WEST JEFFERSON PO BOX 83720	NORTHWEST BEHAVIORAL HEALT	HD	тн бтч s	БТ.	
BOISE, ID 83720-0080	1500 114TH AVE. SE.	BOISE	IC	83701	
NO FEE REQUIRED	STE. 100	3. Organized Uni	3. Organized Under the Laws of:		
* FIRST NOTICE *	BELLEVUE WA 98004				
<ol> <li>Corporations: Enter Names and Limited Liability Companies: Enter</li> </ol>	Addresses of President, Secretary and Directors	mbers (check one)	<del></del>	<u> </u>	
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>	
President: David Jacob	sen 1500 114th Ave S.E. #100	Bellevue	WA	98004	
Secretary: Mark A. Edw		Bellevue	WA	98004	
Directors: Mike Foster		New Canaan	$\mathbf{CT}$	06840	
David Jacob		Bellevue	WA	98004	
Mark A. Edv	ards 1500 114th Ave S.E. #100	Bellevue	WA	98004	
NATURE OF BUSINESS	6. I certify that this Annual Report has knowledge true, correct and comple Signature	been examined by me ate Date	and is to the <b>8//+/96</b>	best of my	
HOSPITAL	Name (Typed or Mark A. Edward	S Title	Secretary	<u>/</u>	
ISSUED: 37-06-19	95		7416		
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