No. W 8906	Due no later than June 30, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
450 NORTH FOURTH STREET PO BOX 83720 BOISE ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box. If applie RELIANCE MENTAL HEALTH SERVICES. F SANDI FRANCIS 447 PARK AVE IDAHO FALLS, ID 83402	
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Limited Liability Companies	s: Enter Names and Addresses of Mana	agers.
Office held Name President Sanou Francis	Street or P.O. Address 447 Park ave To	State Sinte
uce President Parris Allen	yer Parkave. Id	danofalk ID 83462
5. Organized Under the Laws of: IDAHO W 8906	8. Signature Tavris Aller	Date 4-23-08 The Office Marager
Issued 04/01/2008	Do Not Tape or Staple	200806005142