No. <b>W 102178</b>		Due no later than Apr 30, 2016		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		N 10000000 N 100000000	LINDA KING 10501 N CAYUSE WAY BOISE ID 83714			
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.						
		EXCELLENCE MENTAL HEALTH PLLC LINDA KING 10501 N CAYUSE WAY		BOISE ID	BOISE ID 63714			
		BOISE ID 83714		3. <u>New</u> Registe	3. New Registered Agent Signature:*			
4. Limited Liability Compani	ies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
			10501 N. CAYUSE WAY 10501 N. CAYUSE WAY	BOISE BOISE	ID ID	USA USA	83714 83714	
5. Organized Under the Laws of:		6. Annual Report i						
ID W 102178		Signature: Linda King			Date: 03/15/2016			
		Name (type or print): Linda King			Title: RDLD, PA-C			
Processed 03/15/2016		* Electronically pro	vided signatures are accepted as origir	nal signatures.				