

No. W 73180		Due no later than Apr 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: 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. ASSURANCE BEHAVIORAL HEALTH, LLC JAMES L FRIES 4539 S. SILVER SPUR AVE. BOISE ID 83709 USA		JAMES L FRIES 4539 S. SILVER SPUR AVE. BOISE ID 83709			
				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	4539 S. SILVER SPUR AVE.	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID W 73180		6. Annual Report must be signed.* Signature: James L Fries Name (type or print): James L Fries Date: 03/14/2013 Title: Ceo					
Processed 03/14/2013		* Electronically provided signatures are accepted as original signatures.					