No. W 69094	Due no later than December 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable SAGE PSYCHIATRIC MANAGEMENT, PLLC 413 N ALLUMBAUGH ST #101 BOISE, ID 83704-9208	CHARLES C NOVAK MD 413 N ALLUMBAUGH ST #101 BOISE, ID 83704-9208 3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
Member-owner	Charles C Novak MD	413 N. ALLUMBAUGH, STE. 101 BOISE, IDAHO 83704			
member- owner	Roberto Negron MD				

5. Organized Under the Laws of:	6.
IDAHO W 69094	Signature _____ Date 10/10/08 Name (Typed or Printed) Charles Novak MD Title Owner

Issued 10/01/2008 **Do Not Tape or Staple** 200812008798