No. <b>W 121576</b>		Due no later than Feb 28, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  NEW HORIZONS MENTAL WELLNESS CLINICS PLLC DARRIN ROBERTSON  1352 E. CENTER STE A POCATELLO ID 83201			DARRIN ROBERTSON 417 E PARK AMERICAN FALLS ID 83211  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
4. Limited Liability Compan	iies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	DARRIN ROB	BERTSON	417 E. PARK		AMERICAN FALLS	S ID	USA	83211
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Darrin Robertson			Date: 12/22/2016			
W 121576		Name (type or print): Darrin Robertson			Title: Registered Agent			
Processed 12/22/2016 * Electronically provided signatures are accepted as original signatures.								