

No. W 28542		Due no later than Feb 28, 2007		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTHWEST PSYCHIATRIC GROUP, PLLC KRISTINA HARRIN 5985 W STATE ST BOISE ID 83703		KRISTINA HARRINGTON 5985 W STATE ST BOISE ID 83703	
				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
MEMBER	KRISTINA J HARRINGTON	960 BROADWAY STE 555	BOISE	ID	83706
5. Organized Under the Laws of: IDAHO W 28542		6. Annual Report must be signed.* Signature: Kristina Harrington Name (type or print): Kristina Harrington Date: 12/14/2006 Title: M.D.			
Processed 12/14/2006		* Electronically provided signatures are accepted as original signatures.			