

No. W 089556		Due no later than Jan 31, 2016		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. MOUNTAIN VIEW BEHAVIORAL HEALTH, PLLC DEME DELLAIRO 5593 GLENWOOD STREET BOISE ID 83714		DEME DELLAIRO 5593 GLENWOOD ST BOISE ID 83714			
				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	DEME M DELLAIRO	5593 GLENWOOD ST	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 089556		Signature: Maria Weeks				Date: 11/19/2015	
		Name (type or print): Maria Weeks				Title: Bookkeeper	
Processed 11/19/2015		* Electronically provided signatures are accepted as original signatures.					