

No. W 72295	Due no later than Mar 31, 2009 Annual Report Form		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. S.T.A.R.R. FAMILY BEHAVIORAL HEALTH, LLC DOUG LOERTSCHER 10270 W LA HONTAN DR BOISE ID 83709		DOUG LOERTSCHER 10270 W LA HONTAN DR 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
MEMBER	DOUG LOERTSCHER	10270 W LA HONTAN DR	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 72295		6. Annual Report must be signed.* Signature: Doug Loertscher Name (type or print): Doug Loertscher		Date: 01/13/2009 Title: Owner		
Processed 01/13/2009		* Electronically provided signatures are accepted as original signatures.				