

No. J 1638		Due no later than Aug 31, 2016 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		1. Mailing Address: Correct in this box if needed. COOK & TAFOYA-FISHER BEHAVIORAL HEALTH LLP CORIE S COOK 16 12TH AVE S STE 103 NAMPA ID 83651 USA		CORRINE TAFOYA FISHER 16 12TH AVE S STE 103 NAMPA ID 83651			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
PARTNER	CORRINE TAFOYA FISHER	16 12TH AVE S STE 103		NAMPA	ID	USA	83651
PARTNER	CORIE SUE COOK	16 12TH AVE S STE 103		NAMPA	ID	USA	83651
5. Organized Under the Laws of: ID J 1638		6. Annual Report must be signed.* Signature: Corie S. Cook Name (type or print): Corie S. Cook					
		Date: 07/03/2016 Title: Clinical Administrator					
Processed 07/03/2016		* Electronically provided signatures are accepted as original signatures.					