

No. W 8906		Due no later than Jun 30, 2011		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. RELIANCE MENTAL HEALTH SERVICES, L.L.C. SANDI FRANCIS 447 PARK AVE IDAHO FALLS ID 83402		SANDI FRANCIS 447 PARK AVE IDAHO FALLS ID 83402			
				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	SANDI FRANCIS	447 PARK AVE	IDAHO FALLS	ID	USA	83402	
MEMBER	PARRIS ALLEN	447 PARK AVE	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: ID W 8906		6. Annual Report must be signed.* Signature: Parris Allen Name (type or print): Parris Allen Date: 04/15/2011 Title: Member					
Processed 04/15/2011		* Electronically provided signatures are accepted as original signatures.					