No. **W 4453**

Due no later than August 31, 2006
Annual Report Form

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 applicable

SOUTHERN IDAHO MENTAL HEALTH CLINIC
488 BLUE LAKES BLVD N STE 106
TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

JON F BURKE
488 BLUE LAKES BLVD N
STE 106
TWIN FALLS, ID 83301

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
member	JORINA SIMION-RODGERS	488 Blue Lakes Blvd N, Suite 106	TWIN FALLS	ID	83301
member	Lorilee Critchfield				
member	Jon Burke				

5. Organized Under the Laws of:
IDAHO
W 4453

6. Signature _____ Date 6-12-06
(Typed or [illegible] member

Moisten Adhesive, Do Not Tape or Staple