

No. C 119309		Due no later than Apr 30, 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. J & M MENTAL HEALTH, INC. T. BLAKE KINNEY P O BOX 1472 BLACKFOOT ID 83221 USA		JARED M HARRIS 266 W BRIDGE BLACKFOOT ID 83221					
				3. <u>New</u> Registered Agent Signature:*					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
TREASURER	LUANA L KINNEY	PO BOX 1472	BLACKFOOT	ID	USA	83221			
PRESIDENT	TED BLAKE KINNEY	PO BOX 1472	BLACKFOOT	ID	USA	83221			
SECRETARY	BERNICE K MARLEY	PO BOX 1472	BLACKFOOT	ID	USA	83221			
5. Organized Under the Laws of: ID C 119309		6. Annual Report must be signed.* Signature: Gloria Bowers Name (type or print): Gloria Bowers Date: 06/08/2009 Title: Office Manager							
Processed 06/08/2009		* Electronically provided signatures are accepted as original signatures.							