

No. W 98420	Due no later than Dec 31, 2012 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. SEASONS OF HOPE PSYCHOLOGICAL ASSESSMENT AND TREATMENT CENTER, LLC HEATH J SOMMER 4650 HAWTHORNE RD STE 3B CHUBBUCK ID 83202		HEATH J SOMMER 4650 HAWTHORNE RD STE 3B CHUBBUCK ID 83202			
			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	HEATH J SOMMER	4650 HAWTHORNE RD STE 3B	CHUBBUCK	ID	USA	83202
5. Organized Under the Laws of: ID W 98420		6. Annual Report must be signed.* Signature: Jon Shaffer Name (type or print): Jon Shaffer Date: 10/17/2012 Title: Cfo				
Processed 10/17/2012		* Electronically provided signatures are accepted as original signatures.				