

No. <b>W 98420</b>		<b>Due no later than Dec 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  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:  <b>ID W 98420</b>		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.			