

No. W 92732		Due no later than Apr 30, 2018		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. CROSSPOINTE MENTAL HEALTH, LLC JENNIE R FULLMER 1363 FILLMORE ST TWIN FALLS ID 83301		JENNIE R FULLMER 3043 LAURELWOOD DRIVE TWIN FALLS ID 83301			
				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	MARK A GRITTON	564 N HWY 75	SHOSHONE	ID	USA	83352	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 92732		Signature: Jennie Fullmer				Date: 03/01/2018	
		Name (type or print): Jennie Fullmer				Title: Member	
Processed 03/01/2018		* Electronically provided signatures are accepted as original signatures.					