

No. W 29285		Due no later than Mar 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. R H MENTAL HEALTH SERVICES, PLLC RICK HEIKKILA 16703 N YORKSHIRE LN NAMPA ID 83687		RICK HEIKKILA 16703 N YORKSHIRE LANE NAMPA ID 83687	
				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	RICK HEIKKILA	16703 N YORKSHIRE LANE	NAMPA	ID	83687
5. Organized Under the Laws of: ID W 29285		6. Annual Report must be signed.* Signature: RICK HEIKKILA Name (type or print): RICK HEIKKILA Date: 04/11/2016 Title: MEMBER			
Processed 04/11/2016		* Electronically provided signatures are accepted as original signatures.			