

No. W 122483	Due no later than Feb 28, 2015 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. LISA C WILLIAMS ATR, LCPC, LLC LISA CAMERON WILLIAMS 2076 S EAGLE RD MERIDIAN ID 83642		NORTHWEST NEUROBEHAVIORAL HEALTH LLC 2076 S EAGLE RD MERIDIAN 83642			
			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
MANAGER	JENNIFER ANN LAJEUNESSE	2076 S EAGLE RD	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: ID W 122483	6. Annual Report must be signed.* Signature: Lisa Cameron Williams Name (type or print): Lisa Cameron Williams		Date: 12/18/2014 Title: Contracted Clinician			
Processed 12/18/2014		* Electronically provided signatures are accepted as original signatures.				