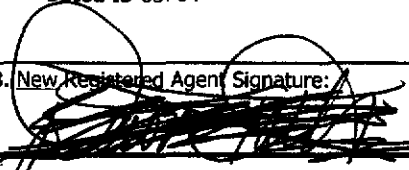
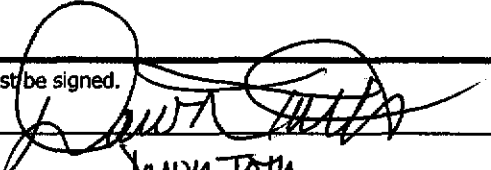


No. W 54654	Due no later than 9/30/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		DAWN TOTH 2316 N COLE STE E BOISE ID 83704 3. New Registered Agent Signature: 												
	ASPEN MENTAL HEALTH, LLC 2316 N COLE STE E BOISE ID 83704														
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>president</td><td>Dawn Toth</td><td>2316 N. cole ste E</td><td>Boise</td><td>Idaho</td><td>83704</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Zip	president	Dawn Toth	2316 N. cole ste E	Boise	Idaho	83704
Office Held	Name	Street or PO Address	City	State	Zip										
president	Dawn Toth	2316 N. cole ste E	Boise	Idaho	83704										
5. Organized Under the Laws of: ID W 54654	6. Annual Report must be signed. Signature:  Name(type or print): <u>DAWN TOTH</u> Date: <u>10/19/09</u> Title: <u>President</u>														