No. W 72295	C	Due no later than Mar 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DOUG LOERTSCHER 7161 W. POTOMAC DR. BOISE ID 83704			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. S.T.A.R.R. FAMILY BEHAVIORAL HEALTH, LLC DOUG LOERTSCHER 7161 W. POTOMAC DR., SUITE A BOISE ID 83704					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DOUG LOER						
				3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DOUG LOERTSCHER		10270 W LA HONTAN DR	BOISE	ID		83709	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: [Signature: Doug Loertscher		Date: 01/23/2017			
W 72295	Name (type	Name (type or print): Doug Loertscher		Title: Owner			
Processed 01/23/2017	* Electronically	* Electronically provided signatures are accepted as original signatures.					