

No. <b>C 194892</b>	<b>Due no later than May 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> FAMILY AND ADOLESCENT CARE OF TWIN FALLS, P.A. ROANNE MANCARI 476 CHENEY DRIVE WEST #160 TWIN FALLS ID 83301		ROANNE MANCARI 2320 CANDLERIDGE DR TWIN FALLS ID 83301			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	ROANNE MANCARI	476 CHENEY DRIVE WEST #160	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID</b> <b>C 194892</b>	6. Annual Report must be signed.* Signature: Roanne Mancari, NP-C Name (type or print): Roanne Mancari, NP-C		Date: 03/22/2016 Title: Owner			
Processed 03/22/2016		* Electronically provided signatures are accepted as original signatures.				