

No. W 4453 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Aug 31, 2000 Annual Report Form <div style="background-color: black; color: white; padding: 2px;">1. Mailing Address - Correct in this box, if applicable</div> SOUTHERN IDAHO MENTAL HEALTH CLINIC, PLLC KAYNE KISHIYAMA 488 BLUE LAKES BLVD N STE 106 TWIN FALLS, ID 83301	2. Registered Agent and Office NO PO BOX KAYNE KISHIYAMA 488 BLUE LAKES BLVD N STE 106 TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature <div style="text-align: center; font-size: 1.2em;">N/A</div>
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4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
1. member -	Kayne Kishiyama	488 BLUE LAKES BLVD. North, STE 106,	Twin Falls,	Idaho	83301
2. member -	ERIC F JONES	(SAME)			
3. member -	Jon F. Burke	(SAME)			
4. member -	Susan R. McFarland	(SAME)			
5. State					
5. member -	Valerie Burke	(SAME)			

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 4453</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Kayne Kishiyama</u></td> <td style="width: 40%;">Date <u>06/07/00</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Kayne Kishiyama</u></td> <td>Title: <u>member.</u></td> </tr> </table>	Signature <u>Kayne Kishiyama</u>	Date <u>06/07/00</u>	Name (Typed or Printed) <u>Kayne Kishiyama</u>	Title: <u>member.</u>
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