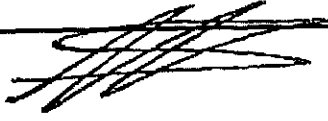


2/7/2017

W 136987

**FILED EFFECTIVE**

No. <b>W 136987</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/28/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> PERMA MENTAL HEALTH PLLC <del>350</del> W BANNOCK ST STE 1100 BOISE ID 83702 950		ALEX WILLS MD <del>350</del> W BANNOCK ST STE 1100 BOISE ID 83702 950																																			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Alex Wills</td> <td>950 W. Bannock St.</td> <td>Boise,</td> <td>ID</td> <td>USA.</td> <td>83702</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>Ste # 1100</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Alex Wills	950 W. Bannock St.	Boise,	ID	USA.	83702	Manager <input type="checkbox"/> Member <input type="checkbox"/>		Ste # 1100					Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 136987</b>	6. Signature:  Name (type or print): <u>Alex Wills</u> Date: <u>2/9/17.</u> Title: <u>M.D.</u>																																					

Issued 02/07/2017 by online