

No. <b>W 41881</b>	<b>Due no later than Aug 31, 2008</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>  ABOUT BALANCE MENTAL HEALTH, LLC SHEILA D HANCOCK 5460 FRANKLIN RD., STE M BOISE ID 83705		MARZENA ZAJDA 8135 W PETERSON BOISE ID 83714			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	MARZENA ZAJDA	8135 W PETERSON	BOISE	ID	USA	83714
MANAGER	SHEILA D HANCOCK	8135 W PETERSON	BOISE	ID	USA	83714
5. Organized Under the Laws of:  <b>ID</b> <b>W 41881</b>	6. Annual Report must be signed.* Signature: Sheila D Hancock Name (type or print): Sheila D Hancock		Date: 06/11/2008 Title: Owner			
Processed 06/11/2008		* Electronically provided signatures are accepted as original signatures.				