

No. C 179664	Due no later than Aug 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ARCADIA MENTAL HEALTH RESOURCES INC JOYCE LEWIS PO BOX 281 ST ANTHONY ID 83445		JOYCE LEWIS 104 N BRIDGE ST STE SUITE 104 ST ANTHONY ID 83445			
			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
SECRETARY	NILE E LEWIS	601 CASPER AVE	REXBURG	ID	USA	83440
PRESIDENT	JOYCE L LEWIS	601 CASPER AVE	REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID C 179664	6. Annual Report must be signed.* Signature: Joyce Lewis Name (type or print): Joyce Lewis		Date: 06/23/2015 Title: President			
Processed 06/23/2015		* Electronically provided signatures are accepted as original signatures.				