

No. C 153921	Due no later than Mar 31, 2009 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. TWIN FALLS MENTAL HEALTH ADVOCATES, INC. DAWN M FLETCHER 420 MAIN AVE S TWIN FALLS ID 83301 USA		DAWN FLETCHER 420 MAIN AVE S 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
SECRETARY	PAM GORE	1503 E 4500 N	BUHL	ID	USA	83316
5. Organized Under the Laws of: ID C 153921		6. Annual Report must be signed.* Signature: Dawn Fletcher Name (type or print): Dawn Fletcher		Date: 03/28/2009 Title: President		
Processed 03/28/2009		* Electronically provided signatures are accepted as original signatures.				