No. W 19103		Due no later than May 31, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MAGELLAN BEHAVIORAL HEALTH SYSTEMS, LLC MARIA AYUB 6950 COLUMBIA GATEWAY DR COLUMBIA MD 21046		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of	at least one Member or Manag	or				
Office Held	Name	ries and Addresses of	Street or PO Address	Ci.	City	State	Country	Postal Code
MEMBER MEMBER MEMBER	1BER DANIEL N GREGOIRE		4800 N. SCOTTSDALE ROA 55 NOD ROAD 55 NOD ROAD	ND STE. 440			USA USA	85254 06001 06001
5. Organized Under the Laws of: UT W 19103		6. Annual Report must be signed.* Signature: DANIEL N. GREGOIRE Name (type or print): DANIEL N. GREGOIRE		Date: 05/11/2015 Title: SECRETARY/MEMBER				
Processed 05/11/2015 * Electronically provided signatures are accepted as original signatures.								