

No. C 193923		Due no later than Mar 31, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MAGELLAN BEHAVIORAL HEALTH OF IDAHO, INC. CORPORATION SERVICE COMPANY 12550 W EXPLORER DR #100 BOISE ID 83713		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				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	
DIRECTOR	TERESA ALCORN	4800 N. SCOTTSDALE ROAD STE. 4400	SCOTTSDALE	AZ	USA	85251	
VICE PRESIDENT	LINTON C. NEWLIN	1203 4TH STREET, SW	CULLMAN	AL	USA	35055	
TREASURER	JONATHAN N. RUBIN	55 NOD ROAD	AVON	CT	USA	06001	
DIRECTOR	DANIEL N. GREGOIRE	55 NOD ROAD	AVON	CT	USA	06001	
DIRECTOR	JONATHAN N. RUBIN	55 NOD ROAD	AVON	CT	USA	06001	
SECRETARY	ANDREW M. CUMMINGS	1055 WASHINGTON BLVD	STAMFORD	CT	USA	06901	
VICE PRESIDENT	DANIEL N. GREGOIRE	55 NOD ROAD	AVON	CT	USA	06001	
PRESIDENT	ANNE MCCABE	55 NOD ROAD	AVON	CT	USA	06001	
DIRECTOR	BARRY M. SMITH	4800 N. SCOTTSDALE ROAD STE. 4400	SCOTTSDALE	AZ	USA	85251	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 193923		Signature: ANDREW M. CUMMINGS				Date: 02/24/2017	
		Name (type or print): ANDREW M. CUMMINGS				Title: SECRETARY	
Processed 02/24/2017		* Electronically provided signatures are accepted as original signatures.					