

No. <b>W 51839</b>		<b>Due no later than Jun 30, 2018</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>Annual Report Form</b>		BRADI FRITTS 2303 N WHITLEY DR. FRUITLAND ID 83619			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		TREASURE VALLEY BEHAVIORAL HEALTH, LLC BRADI FRITTS PO BOX 1022 FRUITLAND ID 83619					
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	BRADI FRITTS	PO BOX 951	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 51839</b>		Signature: Bradi Fritts			Date: 04/30/2018		
		Name (type or print): Bradi Fritts			Title: Owner		
Processed 04/30/2018		* Electronically provided signatures are accepted as original signatures.					