

No. <b>W 51839</b>		<b>Due no later than Jun 30, 2018</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  TREASURE VALLEY BEHAVIORAL HEALTH, LLC BRADI FRITTS PO BOX 1022 FRUITLAND ID 83619		BRADI FRITTS 2303 N WHITLEY DR. FRUITLAND ID 83619			
						3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name BRADI FRITTS	Street or PO Address PO BOX 951		City FRUITLAND	State ID	Country USA	Postal Code 83619
5. Organized Under the Laws of:  <b>ID</b> <b>W 51839</b>		6. Annual Report must be signed.* Signature: Bradi Fritts Name (type or print): Bradi Fritts Date: 04/30/2018 Title: Owner					
Processed 04/30/2018      * Electronically provided signatures are accepted as original signatures.							