

No. C 161925	Due no later than Aug 31, 2009 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LAURA ERSKINE <i>Switter</i> 1103 BLAINE ST <i>423 Blaine St</i> CALDWELL ID 83605				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FOUR RIVERS MENTAL HEALTH, INC. 423 BLAINE ST CALDWELL ID 83605		3. New Registered Agent Signature. <i>Laura Switter</i>				
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.							
Office Held	Name	Street or PO Address	City State Country Postal Code				
President	Krissie Munson	423 Blaine St	Caldwell ID USA 83605				
Secretary	Laura Switter	423 Blaine St	Caldwell ID USA 83605				
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 161925 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Signature: <i>Laura Switter</i></td> <td style="border: none; text-align: right;">Date: <i>6/9/09</i></td> </tr> <tr> <td style="border: none;">Name (type or print): <i>Laura Switter</i></td> <td style="border: none; text-align: right;">Title: <i>Co-owner</i></td> </tr> </table>		Signature: <i>Laura Switter</i>	Date: <i>6/9/09</i>	Name (type or print): <i>Laura Switter</i>	Title: <i>Co-owner</i>
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Name (type or print): <i>Laura Switter</i>	Title: <i>Co-owner</i>						
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