

No. C 192764	Due no later than Nov 30, 2013 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. LIFELONG MENTAL HEALTH SERVICES INC. KRISTY PLESNER LMSW 5628 E SAGEWOOD IDAHO FALLS ID 83406	KRISTY PLESNER LMSW 5628 E SAGEWOOD DR IDAHO FALLS ID 83406 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
PRESIDENT	KRISTY A PLESNER	5628 EAST SAGEWOOD DR	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of: ID C 192764	6. Annual Report must be signed.* Signature: Kristy Plesner LMSW Name (type or print): Kristy Plesner LMSW			Date: 10/28/2013 Title: President		
Processed 10/28/2013			* Electronically provided signatures are accepted as original signatures.			