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No. W 83247	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) BRIAN MECHAM 3069 SUMMERWOOD CIR IDAHO FALLS ID 83406	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BEHAVIOR CONSULTATION SERVICES LLC		3. New Registered Agent Signature.	
	PO BOX 2414 IDAHO FALLS ID 83403 3069 SUMMERWOOD CIR. AMMON ID 83406			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held MANAGER	Name BRIAN MECHAM	Street or PO Address 3069 SUMMERWOOD CIR. AMMON ID.	City AMMON ID.	State Country Postal Code US 83406
5. Organized Under the Laws of: IDAHO W 83247		6. Signature:  Date: 8/12/10 Name (type or print): BRIAN MECHAM Title: MANAGER		
Issued 07/27/2010 by DK1				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.