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

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.