

No. <b>W 95013</b>		<b>Due no later than Jul 31, 2012</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> SULLIVAN MENTAL HEALTH SERVICES, LLC ELAINE SULLIVAN 660 S WOODRUFF AVE IDAHO FALLS ID 83401 USA		ELAINE SULLIVAN 3785 COLTS GLEN LANE IDAHO FALLS ID 83404			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	ELAINE SULLIVAN	3785 COLTS GLEN LANE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 95013</b>		Signature: Elaine Sullivan				Date: 05/11/2012	
		Name (type or print): Elaine Sullivan				Title: Owner	
Processed 05/11/2012		* Electronically provided signatures are accepted as original signatures.					