

No. <b>W 63515</b>		<b>Due no later than Jun 30, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  ALLIED MENTAL HEALTH SERVICES, P.L.L.C. CORY L. THACKER PO BOX 545 11104 W. STATE ST. STAR ID 83669-0545 USA		CORY L. THACKER 220 10TH AVE. S. NAMPA ID 83651			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
MANAGER	CORY L. THACKER	5900 W. USTICK RD	MERIDIAN	ID	USA	83646	
MANAGER	RACHEL D. THACKER	5900 W. USTICK RD.	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:  <b>ID</b> <b>W 63515</b>		6. Annual Report must be signed.*  Signature: Cory L. Thacker Name (type or print): Cory L. Thacker					
		Date: 05/11/2015 Title: President					
Processed 05/11/2015      * Electronically provided signatures are accepted as original signatures.							