

No. <b>W 63515</b>		<b>Due no later than Jun 30, 2015</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>Annual Report Form</b>		CORY L THACKER 220 10TH AVE. S. NAMPA ID 83651			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		ALLIED MENTAL HEALTH SERVICES, P.L.L.C. CORY L THACKER PO BOX 545 11104 W. STATE ST. STAR ID 83669-0545 USA					
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:		6. Annual Report must be signed.*					
<b>ID W 63515</b>		Signature: Cory L. Thacker			Date: 05/11/2015		
		Name (type or print): Cory L. Thacker			Title: President		
Processed 05/11/2015		* Electronically provided signatures are accepted as original signatures.					