

No. J 287	Due no later than December 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX BRUCE WIXSON 600 E RIVERPARK STE 200 BOISE, ID 83706																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BPA BEHAVIORAL HEALTH, LLP BRUCE WIXSON 600 E RIVERPARK STE 200 BOISE, ID 83706		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Partner</td> <td>Bruce Wixson</td> <td>10807 W. Amy</td> <td>Boise</td> <td>Id</td> <td>83707</td> </tr> <tr> <td>Partner</td> <td>Whitman Toner</td> <td>2091 S. Springbrook</td> <td>Boise</td> <td>Id</td> <td>83706</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Partner	Bruce Wixson	10807 W. Amy	Boise	Id	83707	Partner	Whitman Toner	2091 S. Springbrook	Boise	Id	83706
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5. Organized Under the Laws of: IDAHO J 287		6. Signature <u><i>BR Wixson</i></u> Date _____ Name (Typed or Printed) <u>Bruce R Wixson</u> Title <u>Partner</u>																			

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