

No. W 95013	Due no later than Jul 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		ELAINE SULLIVAN 3785 COLTS GLEN LANE IDAHO FALLS ID 83404			
	SULLIVAN MENTAL HEALTH SERVICES, LLC ELAINE SULLIVAN 1904 JENNIE LEE DRIVE 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: ID W 95013		6. Annual Report must be signed.* Signature: Elaine Sullivan Name (type or print): Elaine Sullivan		Date: 06/06/2016 Title: Owner		
Processed 06/06/2016		* Electronically provided signatures are accepted as original signatures.				