

No. W 73317		Due no later than Apr 30, 2013 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		1. Mailing Address: Correct in this box if needed. MONARCH MENTAL HEALTH, LLC LINDA LEONARD 1713 E SHERMAN AVE COEUR D'ALENE ID 83814		LINDA M MILES 1713 E SHERMAN AVE COEUR D'ALENE ID 83814 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				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	LINDA LEONARD	1713 E SHERMAN AVE		COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 73317		6. Annual Report must be signed.* Signature: Frank Clovis Name (type or print): Frank Clovis Date: 02/14/2013 Title: Cpa					
Processed 02/14/2013 * Electronically provided signatures are accepted as original signatures.							