

No. W 89121		Due no later than Dec 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. HOLLIS MENTAL HEALTH SERVICES LLC NELA J HOLLIS 620 S IDAHO AVE FRUITLAND ID 83619		NELA J HOLLIS 620 S IDAHO AVE FRUITLAND ID 83619			
				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	NELA J HOLLIS	620 S IDAHO AVE	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of: ID W 89121		6. Annual Report must be signed.* Signature: ReVona Neis Name (type or print): ReVona Neis Date: 10/26/2016 Title: Administrative Assistant					
Processed 10/26/2016		* Electronically provided signatures are accepted as original signatures.					