

No. <b>W 19103</b>		<b>Due no later than May 31, 2010</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  MAGELLAN BEHAVIORAL HEALTH SYSTEMS, LLC MARIA AYUB 6950 COLUMBIA GATEWAY DR COLUMBIA MD 21046		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MEMBER	Name DANIEL N GREGOIRE	Street or PO Address 55 NOD ROAD	City AVON	State CT	Country USA	Postal Code 06001
5. Organized Under the Laws of:  <b>UT</b> <b>W 19103</b>	6. Annual Report must be signed.*  Signature: Daniel N. Gregoire Name (type or print): Daniel N. Gregoire					Date: 05/21/2010 Title: Secretary
Processed 05/21/2010 * Electronically provided signatures are accepted as original signatures.						