No. W 95013		Due no later than Jul 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		ELAINE SULLIVAN				
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.			3785 COLTS GLEN LANE IDAHO FALLS ID 83404			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		SULLIVAN MENTAL HEALTH SERVICES, LLC ELAINE SULLIVAN 1904 JENNIE LEE DRIVE		IDATIO FALLS ID 05TOT				
		IDAHO FALLS ID 83404		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
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 SULI		_IVAN	3785 COLTS GLEN LANE		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Elaine Sullivan			Date: 05/22/2017			
W 95013		Name (type or print): Elaine Sullivan			Title: Owner			
Processed 05/22/2017 * Electronically provided signatures are accepted as original signatures.								