

No. W 79844	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706													
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		3. New Registered Agent Signature.													
	POSITIVE CHANGE PSYCHOTHERAPY SERVICES, LLC 5815 TEEKEM FALLS MERIDIAN ID 83646															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Manager/Member Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager Melanie Sullivan</td><td>697 N. 900 E.</td><td>Shelley</td><td>Id</td><td>USA</td><td>83274</td></tr></tbody></table>					Manager/Member Name	Street or PO Address	City	State	Country	Postal Code	Manager Melanie Sullivan	697 N. 900 E.	Shelley	Id	USA	83274
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Manager Melanie Sullivan	697 N. 900 E.	Shelley	Id	USA	83274											
5. Organized Under the Laws of: IDAHO W 79844		6. Signature: <u>Melanie F. Sullivan, LMFT</u> Date: <u>1.17.11</u> Name (type or print): <u>Melanie Sullivan</u> Title: <u>OWNER</u>														
Issued 01/12/2011 by KAH																