

No. <b>C 151643</b>		<b>Due no later than Nov 30, 2011</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> BEACON HEALTH SERVICES, INC. CRAE T. BERRETT 2891 SHELLY PLACE POCATELLO ID 83201		ERIC L OLSEN 201 E CTR ST POCATELLO ID 83204			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	CRAE T. BERRETT	2891 SHELLY PL.	POCATELLO	ID	USA	83201	
SECRETARY	LAURIE G. BERRETT	2891 SHELLY PL.	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: <b>ID C 151643</b>		6. Annual Report must be signed.* Signature: Crae Berrett Name (type or print): Crae Berrett					
Date: 09/12/2011 Title: President							
Processed 09/12/2011		* Electronically provided signatures are accepted as original signatures.					