

No. <b>W 73180</b>		<b>Due no later than Apr 30, 2016</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>Annual Report Form</b>		JAMES L FRIES 304 E IVY GLADE ST KUNA ID 83634-8363			
		<b>1. Mailing Address: Correct in this box if needed.</b> ASSURANCE BEHAVIORAL HEALTH, LLC JAMES L FRIES 304 E IVY GLADE ST KUNA ID 83634-8363		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	JAMES L FRIES	304 E. IVY GLADE ST.	KUNA	ID	USA	83634	
MEMBER	JENNIFER M WALL	304 E IVY GLADE ST	KUNA	ID	USA	83634	
5. Organized Under the Laws of:  <b>ID W 73180</b>		6. Annual Report must be signed.* Signature: James L Fries Name (type or print): James L Fries Date: 03/22/2016 Title: Manager, LMSW					
Processed 03/22/2016		* Electronically provided signatures are accepted as original signatures.					