No. W 8906

Annual Report Form

Due No Later Than November 30, 1999

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

** FINAL NOTICE **

1. Mailing Address - Please Correct, If Not Correct

RELIANCE MENTAL HEALTH SERVI
SANDI FRANCIS
591 PARK AVE STE 103

IDAHO FALLS ID 83402

2. Registered Agent and Office **NOT A P.O. BOX**

SANDI FRANCIS
591 PARK AVE STE 103

IDAHO FALLS ID 83402

3. Organized Under the Laws of:

ID W 8906

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☒ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
(Owner) Manager	Sandi Francis	591 Park Ave. ste#103	Idaho Falls	ID	83402

5. New Registered Agent Signature

6.

Signature Sandi Francis Date 10-21-99

Name (Typed or Printed) Sandi Francis Title (Owner) Manager

ISSUED: 10-02-1999

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