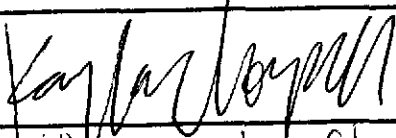


No. W 160113	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) KAYLA K CHAPPELL 345 S BYRON AVE APT 5 SHELLEY ID 83274
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KKC MENTAL HEALTH, LLC KAYLA K CHAPPELL 450 2ND STREET IDAHO FALLS ID 83401		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kayla K Chappell	345 S Byron Ave Apt 5	Shelley, ID	US		83274
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 160113 </div>	6. Signature:  <hr/> Name (type or print): <u>Kayla Chappell</u> <hr/> <div style="float: right;"> Date: <u>3/28/17</u> <hr/> Title: <u>Manager</u> </div>
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