| No. C 157066 | De | Due no later than Oct 31, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. ACCESS BEHAVIORAL HEALTH SERVICES, INC. NICCOLIA TANGEN 1276 W RIVER ST. SUITE 100 BOISE ID 83702 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|----------------|---|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | ACCESS BEHA NICCOLIA TA 1276 W RIVE | | | LAURA SCURI 1276 W RIVER ST SUITE 100 BOISE ID 83702 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | President, Secretary, and Directors. Treasure | | | | | |
| Office Held Name | Siliess Addiesses Of | Street or PO Address | City | State | Country | Postal Code | |
| | L TANGEN SCURI | 1276 W RIVER ST; SUITE 100 1276 W RIVER ST; SUITE 100 | BOISE BOISE | ID ID | USA USA | 83702 83702 | |
| 5. Organized Under the Laws of: 6. Annual Report | | t must be signed.* | | | | | |
| ID | Signature: La | ura Scuri | | Date: 10/13/2009 | | | |
| C 157066 | Name (type o | Name (type or print): Laura Scuri | | Title: President | | | |
| Processed 10/13/2009 | * Electronically p | * Electronically provided signatures are accepted as original signatures. | | | | | |