

|  |  |  |   |       |         |             |
|--|--|--|---|-------|---------|-------------|
| No. <b>W 98420</b>   | <b>Due no later than Dec 31, 2011</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b>  |  | HEATH J SOMMER<br>4650 HAWTHORNE RD STE 3B<br>CHUBBUCK ID 83202 |       |         |             |
|  | SEASONS OF HOPE PSYCHOLOGICAL ASSESSMENT AND<br>TREATMENT CENTER, LLC<br>HEATH J SOMMER<br>4650 HAWTHORNE RD STE 3B<br>CHUBBUCK ID 83202 |  | 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 |
| MEMBER   | HEATH J SOMMER   | 4650 HAWTHORNE RD STE 3B   | CHUBBUCK  | ID    | USA     | 83202       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 98420</b>   |  | 6. Annual Report must be signed.*<br>Signature: Jon Shaffer<br>Name (type or print): Jon Shaffer<br>Date: 12/19/2011<br>Title: Finance Manager |   |       |         |             |
| Processed 12/19/2011   |  | * Electronically provided signatures are accepted as original signatures.  |   |       |         |             |