

No. W 69094		Due no later than Dec 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SAGE PSYCHIATRIC MANAGEMENT, PLLC 413 N ALLUMBAUGH ST #101 BOISE ID 83704-9208		CHARLES C NOVAK MD 413 N ALLUMBAUGH ST #101 BOISE ID 83704-9208			
NO FILING FEE IF RECEIVED BY DUE DATE				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	CHARLES C NOVAK MD	413 N ALLUMBAUGH ST #101	BOISE	ID	USA	83704-9208	
MEMBER	ROBERTO NEGRON	413 N ALLUMBAUGH ST, #101	BOISE	ID	USA	83704-9208	
5. Organized Under the Laws of: ID W 69094		6. Annual Report must be signed.* Signature: Jennifer Burch Name (type or print): Jennifer Burch Date: 01/06/2011 Title: Business Manager					
Processed 01/06/2011 * Electronically provided signatures are accepted as original signatures.							