

No. <b>W 77145</b>	<b>Due no later than Aug 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> BOISE FORENSIC PSYCHIATRY, PLLC SCOTT A ELIASON 2976 E STATE ST SUITE 120-432 EAGLE ID 83616-6394 USA		SCOTT ELIASON 414 W TWO RIVERS DR EAGLE ID 83616			
			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
MANAGER	SCOTT A ELIASON	2976 E STATE ST SUITE 120-432	EAGLE	ID	USA	83616-6394
5. Organized Under the Laws of:  <b>ID</b> <b>W 77145</b>		6. Annual Report must be signed.* Signature: Scott Eliason Name (type or print): Scott Eliason Date: 06/26/2012 Title: Manager				
Processed 06/26/2012		* Electronically provided signatures are accepted as original signatures.				