FILED EFFECTIVE

No. W 92732	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011	2. Registered Agent and Office: (NOT A P.O. BOX) JENNIE R FULLMER 1247 FILER AVE E TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CROSSPOINTE MENTAL HEALTH, LLC 430 Falls Ave., Suite 100 ~~1247 FILER AVE E~~ TWIN FALLS ID 83301	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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/Member (circle one)						
Jennie Fullmer		1977 Tamarack loop	Twin Falls,	ID		83301
Mark Gritton		1577 Vista Drive,	Twin Falls,	ID		83301

5. Organized Under the Laws of:	6.
IDAHO W 92732	Signature: J. Fullmer Date: 1-3-12 Name (type or print): Jennie Fullmer Title: 1-3-12
Issued 01/03/2012 by DK1	