No. <b>C 179382</b>		Due	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDAHO BEHAVIORAL HEALTH, INC.  TAMI SUE JONES  2273 S. VISTA AVE. #190  BOISE ID 83705  USA		7116 ASHL	TAMI SUE JONES 7116 ASHLAND DR BOISE ID 83709			
				BOISE ID				
				3. <u>New</u> Regist	3. New Registered Agent Signature:*			
4. Corporations: Ent	er Names and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT TAMI SUE JONES		JONES	2273 S. VISTA AVE. #190	BOISE	ID	USA	83705	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tam		Date: 06/06/2011				
C 179382		Name (type or p		Title: President				
Processed 06/06/20	11	* Electronically pro	vided signatures are accepted as origina	al signatures.			_	