

No. W 97996	Due no later than Nov 30, 2012 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. EMMETT COUNSELING AND PSYCHIATRIC SERVICES, LLC MICHAEL S LEE 2007 E QUAIL RUN RD SUITE 1 EMMETT ID 83617	MICHAEL S LEE 2007 E QUAIL RUN RD SUITE 1 EMMETT ID 83617				
		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	MICHAEL S LEE	1217 E 4TH ST	EMMETT	ID	USA	83617
5. Organized Under the Laws of: ID W 97996	6. Annual Report must be signed.* Signature: Cathy S Wall Name (type or print): Cathy S Wall Date: 11/15/2012 Title: Office Manager					
Processed 11/15/2012		* Electronically provided signatures are accepted as original signatures.				