

No. W 19343	Due no later than May 31, 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. EAGLE RIVER PSYCHIATRY & COUNSELING SERVICES, P.L.L.C. GRANT B BELNAP MD 1032 BRIDGEWAY PLACE STE 100 EAGLE ID 83616	GRANT B BELNAP MD 1032 S BRIDGEWAY PL STE 100 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
MEMBER	GRANT B BELNAP MD	1032 S BRIDGEWAY PL STE 100	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 19343	6. Annual Report must be signed.* Signature: Stephanie Cheney Name (type or print): Stephanie Cheney		Date: 03/29/2012 Title: Business Manager			
Processed 03/29/2012		* Electronically provided signatures are accepted as original signatures.				