

No. W 121576		Due no later than Feb 28, 2015 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		1. Mailing Address: Correct in this box if needed. NEW HORIZONS MENTAL WELLNESS CLINICS PLLC DARRIN ROBERTSON 1352 E. CENTER STE A POCATELLO ID 83201		DARRIN ROBERTSON 417 E PARK AMERICAN FALLS 83211			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name DARRIN ROBERTSON	Street or PO Address 417 E PARK		City AMERICAN FALLS	State ID	Country USA	Postal Code 83211
5. Organized Under the Laws of: ID W 121576		6. Annual Report must be signed.* Signature: Darrin Robertson Name (type or print): Darrin Robertson Date: 12/22/2014 Title: Owner					
Processed 12/22/2014 * Electronically provided signatures are accepted as original signatures.							