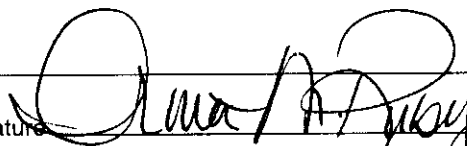


No. W 38387	Due no later than April 30, 2006		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		IRMA MOLINA RUBY 311 12TH AVE RD 16 12th Ave S, Ste 216 NAMP, ID 83686 83651												
	1. Mailing Address - Correct in this box, if applicable IDEAL MENTAL HEALTH, LIMITED LIABIL 16 12TH AVE SOUTH STE 216 NAMP, ID 83651														
3. <u>New</u> Registered Agent Signature															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Irma M. Ruby</td> <td>16 12th Ave S, Ste 216</td> <td>Nampa,</td> <td>Id.</td> <td>83651</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Irma M. Ruby	16 12th Ave S, Ste 216	Nampa,	Id.	83651
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Irma M. Ruby	16 12th Ave S, Ste 216	Nampa,	Id.	83651										
5. Organized Under the Laws of: IDAHO W 38387	6.  Signature _____ Date 2/9/06 Name (Typed or Printed) Irma M. Ruby Title manager														

Issued 02/02/2006

Do Not Tape or Staple

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