No. W 38387	Due no later than April 30, 2006 Annual Report Form	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**	1. Mailing Address - Correct in this box, if applicable IDEAL MENTAL HEALTH, LIMITED LIABIL 16 12TH AVE SOUTH STE 216 NAMPA, ID 83651	IRMA MOLINA RUBY ~~311 12TH AVE RD~~ 16 12th Ave S. Ste 216 NAMPA, ID ~~83686~~ 83651 3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Irma M. Ruby	16 12th Ave. S., Ste 216	Nampa,	Id.	83651

5. Organized Under the Laws of:	6.
IDAHO W 38387	Signature Irma M. Ruby 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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