

No. W 99378		Due no later than Jan 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SEASONS OF HOPE MENTAL HEALTH CENTER, LLC JON SHAFFER 4650 HAWTHORNE RD STE 3B CHUBBUCK ID 83202 USA		HEATH SOMMER 4650 HAWTHORNE RD STE 3B CHUBBUCK ID 83202	
				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	HEATH J SOMMER	4650 HAWTHORNE RD STE 3B	CHUBBUCK	ID	USA 83202
5. Organized Under the Laws of: ID W 99378		6. Annual Report must be signed.* Signature: Jon Shaffer Name (type or print): Jon Shaffer Date: 12/19/2011 Title: Finance Manager			
Processed 12/19/2011		* Electronically provided signatures are accepted as original signatures.			