

No. <b>C 161925</b>		<b>Due no later than Aug 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  FOUR RIVERS MENTAL HEALTH, INC. KRISSIE A MUNSON 1605 S KIMBALL AVE CALDWELL ID 83605		KRISSIE MUNSON 1605 S KIMBALL AVE CALDWELL ID 83605			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	KRISSIE A MUNSON	1605 S KIMBALL AVE	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:  <b>ID</b> <b>C 161925</b>		<b>6. Annual Report must be signed.*</b>  Signature: Krissie A Munson Name (type or print): Krissie A Munson					
Processed 06/25/2013		* Electronically provided signatures are accepted as original signatures.					