

No. W 122258	Due no later than Feb 29, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NORTH END PSYCHIATRY LLC JAMES SACCOMANDO 1423 W FRANKLIN ST BOISE ID 83702		CHRISTOPHER T CLANCY, MD 1423 W FRANKLIN ST BOISE ID 83702			
			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	JAMES SACCOMANDO	1423 W FRANKLIN ST	BOISE	ID	USA	83702
MEMBER	RICHARD MONTGOMERY	1423 W FRANKLIN ST	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID W 122258	6. Annual Report must be signed.* Signature: Rachel Dykstra Name (type or print): Rachel Dykstra		Date: 01/06/2016 Title: CPA			
Processed 01/06/2016		* Electronically provided signatures are accepted as original signatures.				