



POCATELLO, ID 83201

(5) Signature:

(7) Type/Print Name:

(3) New Registered Agent (RA) Signature:

## **Idaho Limited Liability Company Annual Report Form**

File online at: SOSBIZ.idaho.gov

Due on/Before: 11/30/2018

Reporting Year: 2018

Annual Report: No filing fee if received by due date.	
If reinstatement is required, the reinstatement fee is \$30.00.	

Return completed form within 30 days to 7 Idaho Secretary of State

Attn: Annual Reports
700 West Jefferson, E205
450 North 4th Street

If reinstatement is required, the reinstatement fee is \$30.00.		Boise, ID 83702 Phone: (208) 334-2300	
SOS Control Number: 365082 Limited Liability Company (D)	Filing Status: Active-Existing Date Formed: 11/08/2012	Formation Locale: ID	
Name and Mailing Address: PSYCHIATRIC SERVICES OF SOUTHE 2411 JEROME ST POCATELLO, ID 83201	` '	dd or Change Mailing Address:	
Registered Agent (RA) and Registered J'DEE RYAN WILSON 2411 JEROME ST	Office (RO) Address: (2) C	hange RA and/or RO Address:	

Note: The Registered Office address must be a physical Idaho address (no postal box).

Manager/Member	Name	Business Address	City, State, Zip
Mgr Mem	J'Deelyan Wilson	2411 Jerone 87	Pocatello FD 83201
Mgr Mem			
	XI.O //		

(6) Date:

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

awerence Denney