No. **W 51839**	**Due no later than Jun 30, 2013** **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.** TREASURE VALLEY BEHAVIORAL HEALTH, LLC BRADI FRITTS PO BOX 1022 FRUITLAND ID 83619	BRADI FRITTS 131 N WHITLEY DR FRUITLAND ID 83619 3. New 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
MANAGER	BRADI FRITTS	PO BOX 951	FRUITLAND	ID	USA	83619

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 51839**	Signature: Bradi Fritts Name (type or print): Bradi Fritts	Date: 04/29/2013 Title: Owner

Processed 04/29/2013

* Electronically provided signatures are accepted as original signatures.