

No. C 172329	Due no later than Mar 31, 2017 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. BEHAVIORAL HEALTH SOLUTIONS, P.A. MARK F YAMA 1044 ORCHARD LOOP RD TROY ID 83871		MARK F YAMA 1044 ORCHARD LOOP RD TROY ID 83871			
			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
SECRETARY	SHEILA B YAMA	1044 ORCHARD LOOP RD	TROY	ID	USA	83871
PRESIDENT	MARK F YAMA	1044 ORCHARD LOOP RD	TROY	ID	USA	83871
5. Organized Under the Laws of: ID C 172329	6. Annual Report must be signed.* Signature: Mar Name (type or print): Mar		Date: 02/27/2017 Title: President			
Processed 02/27/2017		* Electronically provided signatures are accepted as original signatures.				