

No. C 153921	Due no later than Mar 31, 2011 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. TWIN FALLS MENTAL HEALTH ADVOCATES, INC. DAWN M FLETCHER 420 MAIN AVE S TWIN FALLS ID 83301 USA	DAWN FLETCHER 420 MAIN AVE S TWIN FALLS ID 83301	
		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	PAM GORE	1503 E 4500 N	BUHL ID USA 83316
5. Organized Under the Laws of: ID C 153921	6. Annual Report must be signed.* Signature: Dawn Fletcher Name (type or print): Dawn Fletcher		Date: 05/10/2011 Title: Director
Processed 05/10/2011		* Electronically provided signatures are accepted as original signatures.	