

No. <b>J 287</b>	<b>Due no later than November 30, 2003</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>						
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		D WHITMAN JONES 1501 TYRELL LN						
	BPA BEHAVIORAL HEALTH, LLP D WHITMAN JONES 1501 TYRELL LN  BOISE, ID 83706		BOISE, ID 83706						
3. <u>New</u> Registered Agent Signature									
4. Limited Liability Partnerships: No further information is required.  <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>				
5. Organized Under the Laws of:  IDAHO J 287		6. Signature <u>Bruce R. Wixson</u> Date <u>11/13/2003</u> Name (Typed or Printed) <u>Bruce R Wixson</u> Title <u>Clinic Director Partner</u>							