

Information Sheet

Please list your purchase and sale transaction(s) in Acadia Healthcare Company, Inc. (NASDAQ: ACHC) securities between March 1, 2022 and September 26, 2024, in the chart below. Please return completed form in the enclosed pre-paid envelope, by fax to 610-667-7056, or by scan/photo to info@ktmc.com. You may also submit your information online at www.ktmc.com/newcases.

First Name Address Telephone Number Current Employer			City, State, Zip Email Address (non-work - please print clearly) Signature								
						PURCHASES			SALES		
						Buy Date	# Shares	Price per Share	Sell Date	# Shares	Price per Share
		d transactions and/or ece of paper if necess	transactions in relate ary.	ed securities (options, bonds, or						
Are you a current or former employee of Acadia Healthcare Company, Inc. ?			Did you purchase shares of Acadia Healthcare Company, Inc. prior to the Class								
Yes / No (Circle)			Period? Yes / No (Circle)								
LLP or you to file a lead Meltzer & Check, LLP, Check, LLP will contact authorizing us to contact	d plaintiff motion in its sole discreti it you to discuss the t you by email, ph	in this matter. Any informa on, believes that you might ne matter and whether to es one or by other means regar	ship, nor an obligation on the tion you submit will be mai be an appropriate lead plair tablish an attorney client re ding this case. You are also t you, and please do not hesi	ntained as confidentiff candidate, Kellationship. By sigo authorizing and a	ential. If Kessler Topaz essler Topaz Meltzer & gning this form you are requesting us to contact						
		regarding future cases,									