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| No. C 108321 | Due no later than Nov 30, 2016 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. NORTHWEST PSYCHIATRIC ASSOCIATES, P.A. GEORGE J ULLRICH, M.D. PO BOX 1356 COEUR D'ALENE ID 83816 | | GEORGE J ULLRICH, M.D. 1115 IRONWOOD DR STE A COEUR D'ALENE ID 83814 | | | |
| | | | 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 |
| TREASURER | JAMI L STURGES-ULLRICH | 1115 IRONWOOD DRIVE, STE A | COEUR D ALENE | ID | USA | 83814 |
| PRESIDENT | GEORGE J ULLRICH | 1115 IRONWOOD DRIVE, STE A | COEUR D ALENE | ID | USA | 83814 |
| 5. Organized Under the Laws of: ID C 108321 | | 6. Annual Report must be signed.* Signature: Jami L. Sturges-Ullrich Name (type or print): Jami L. Sturges-Ullrich | | Date: 09/26/2016 Title: Treasurer | | |
| Processed 09/26/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |