

No. <b>C 84539</b>		<b>Due no later than Aug 31, 2009</b>		2. Registered Agent and Address <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>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> SHILOH COUNSELING CENTER, INC. M ANTHONY HARPER, PH.D. P.O. BOX 1829 BOISE ID 83701		M ANTHONY HARPER, PH.D. 2309 MOUNTAIN VIEW DRIVE BOISE ID 83706		
				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
DIRECTOR	PHIL SORENSON	3024 BRISTOL AVE.	CALDWELL	ID	USA	83605
SECRETARY	ALETA LEEPER	245 N. HAPPY VALLEY RD.	NAMPA	ID	USA	83687
PRESIDENT	M. ANTHONY HARPER	P.O. BOX 1829	BOISE	ID	USA	83701
5. Organized Under the Laws of:  <b>ID C 84539</b>		6. Annual Report must be signed.* Signature: M. Anthony Harper Name (type or print): M. Anthony Harper  Date: 06/10/2009 Title: President				
Processed 06/10/2009		* Electronically provided signatures are accepted as original signatures.				