No. C 103264		Due no later than Sep 30, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. GENESIS COUNSELING & PSYCHOLOGICAL SERVICES, P.A. NEAL A BOLIOU 4574 N SAMSON BOISE ID 83704		NEAL A BOLIOU 1327 S. FIVE-MILE RD BOISE ID 83709 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		oss Addresses of Dreside	ant Cognetons and Disasters Trans	ouror (ontional			
Office Held	Name	ess Addresses of Preside	Street or PO Address	urer (City	State	Country	Postal Code
DIRECTOR DIRECTOR	NEAL A BOLIOU PATRICIA BOLIOU		4574 N SAMSON 4574 N SAMSON		BOISE BOISE	ID ID	USA USA	83704 83704
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 103264		Signature: Neal A Boliou Name (type or print): Neal A Boliou			Date: 07/28/2018 Title: Secretary			
Processed 07/28/2018 * Electronically provided signatures are accepted as original signatures.								