| No. C 64012  | Due no later than Jun 30, 2001   |   |
|--|--|---|
| leturn to:   | Allitual Report Form   | 2. Registered Agent and Office NO PO BOX                          |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address - Correct in this box, if applicable COMMUNITY PSYCHIATRIC CENTERS OF ID TAX DEPT 680 S FOURTH ST | C T CORPORATION SYSTEM<br>300 NORTH 6TH STREET<br>BOISE, ID 83701 |
| O FILING FEE IF<br>ECEIVED BY DUE DATE   | LOUISVILLE, KY 40202   | New Registered Agent Signature                                    |
| Corporations: Enter Nam  | nes and Business Addresses of President, Secretar  |   |
| Office held Name   | Street or P.O. Address   | ry and Directors.   |
| See Attached List  | <u>City</u>  |   |
|  |  |   |
| rganized Under the Laws of:  |  |   |
| rganized Under the Laws of:<br>IDAHO<br>C 64012                                  | 6. Signature <u>Nuchael E. Moad</u> Name (Typed or Michael E. Moad   | Date 5/24/01 Title: Vice President, Tax                           |

## **DIRECTORS**

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Director

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