

No. C 103264		Due no later than Sep 30, 2013 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. GENESIS COUNSELING & PSYCHOLOGICAL SERVICES, P.A. NEAL A BOLIOU 4574 N SAMSON BOISE ID 83704		NEAL A BOLIOU 1323 S. FIVE-MILE RD BOISE ID 83709			
						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	NEAL A BOLIOU	4574 N SAMSON	BOISE	ID	USA	83704	
DIRECTOR	PATRICIA BOLIOU	4574 N SAMSON	BOISE	ID	USA	83704	
DIRECTOR	THOMPSON R SIVERSON	10418 CAMPVILLE ST	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID C 103264		6. Annual Report must be signed.* Signature: Neal A Boliou Name (type or print): Neal A Boliou					
		Date: 07/16/2013 Title: President					
Processed 07/16/2013		* Electronically provided signatures are accepted as original signatures.					