

No. C 193846		Due no later than Feb 28, 2014 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. NORTH IDAHO CRITICAL INCIDENT STRESS MANAGEMENT TEAM, INC C/O DUANE HANNA 5783 ROGER DR POST FALLS ID 83854		CARLA MORALES 3517 E 2ND APT 29 POST FALLS ID 83854			
						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	CARLA MORALES	3517 E 2ND APT 9	POST FALLS	ID	USA	83854	
DIRECTOR	RICK CLUTTER	201 S CYPRESS CT	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID C 193846		6. Annual Report must be signed.* Signature: Duane Hanna Name (type or print): Duane Hanna					
		Date: 01/08/2014 Title: Secretary					
Processed 01/08/2014		* Electronically provided signatures are accepted as original signatures.					