

No. <b>C 136085</b>		<b>Due no later than Oct 31, 2014</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  MENTAL HEALTH PROVIDERS ASSOCIATION OF IDAHO, INC. GREGORY DICKERSON 4477 W EMERALD ST. SUITE C100 BOISE ID 83706 USA		LEE BARTON 7711 W RIVERSIDE DR GARDEN CITY ID 83714			
						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	
PRESIDENT	J KELLY KEELE	1920 E 17TH SUITE 209	IDAHO FALLS	ID	USA	83404	
TREASURER	GREGORY DICKERSON	4477 W EMERALD SUITE C100	BOISE	ID	USA	83706	
SECRETARY	REBECCA HYMAS	1223 S. RAILROAD AVE	SUGAR CITY	ID	USA	83448	
VICE PRESIDENT	PAULA BARTHELMESS	1031 W SANETTA	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:  <b>ID</b> <b>C 136085</b>		6. Annual Report must be signed.*  Signature: Gregory Dickerson Name (type or print): Gregory Dickerson					
		Date: 08/18/2014 Title: Treasurer					
Processed 08/18/2014 * Electronically provided signatures are accepted as original signatures.							