

No. C 207756	Due no later than Nov 30, 2016 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. IDAHO PSYCHIATRIC REHABILITATION ASSOCIATION, INC. TRACEY SUTTON 2201 IRONWOOD PL COEUR D ALENE ID 83814	TRACEY SUTTON 2201 IRONWOOD PL COEUR D ALENE ID 83814 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	TIM CORK	2201 IRONWOOD PLACE	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of: ID C 207756	6. Annual Report must be signed.* Signature: Tim Cork Name (type or print): Tim Cork		Date: 11/28/2016 Title: Director			
Processed 11/28/2016		* Electronically provided signatures are accepted as original signatures.				