

No. <b>C 170184</b>		<b>Due no later than Dec 31, 2012</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 WELLNESS CLINIC OF COEUR D'ALENE, INC. KELLY LAGROU 1104 IRONWOOD DR COEUR D'ALENE ID 83814		LYNN F PETERSON 1104 IRONWOOD DR 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	KELLY P LAGROU	1104 IRONWOOD DROVE	COEUR D'ALENE	ID	USA	83814	
SECRETARY	KELLY P LAGROU	1104 IRONWOOD DRIVE	CEUR D'ALENE	ID	USA	83814	
PRESIDENT	KELLY P LAGROU	1104 IRONWOOD DRIVE	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:  <b>ID</b> <b>C 170184</b>		6. Annual Report must be signed.*  Signature: Kelly Lagrou Name (type or print): Kelly Lagrou					
		Date: 11/02/2012 Title: Director					
Processed 11/02/2012      * Electronically provided signatures are accepted as original signatures.							