

No. C 136085		Due no later than Oct 31, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MENTAL HEALTH PROVIDERS ASSOCIATION OF IDAHO, INC. MARDEE HARPER 2001 S. WOODRUFF SUITE 6 IDAHO FALLS ID 83404		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	PAULA MARCOTTE	2399 S ORCHARD #200	BOISE	ID	USA	83705	
SECRETARY	SEAN WALDEN	1970 EAST 17TH STREET SUITE 20	IDAHO FALLS	ID	USA	83404	
TREASURER	MARDEE HARPER	2001 S. WOODRUFF SUITE 6	IDAHO FALLS	ID	USA	83404	
DIRECTOR	BECKY HYMAS	36 N. 2ND WEST	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID C 136085		6. Annual Report must be signed.* Signature: Mardee Harper Name (type or print): Mardee Harper Date: 11/11/2010 Title: Treasurer					
Processed 11/11/2010		* Electronically provided signatures are accepted as original signatures.					