

No. C 163496 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Nov 30, 2009 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) PAMELA J BAGLIEN, PH.D. 111 LILLIAN ST STE 101 SALMON ID 83467 3. New Registered Agent Signature. <div style="text-align: center; font-size: 1.2em;">None</div>																												
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office Held</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Executive Director</td> <td>Pamela J Baglien Ph.D</td> <td>111 Lillian Salmon ID</td> <td>Lemhi</td> <td>ID</td> <td></td> <td>83467</td> </tr> <tr> <td>Clinical Director</td> <td>Thomas Maus LMFT</td> <td>111 Lillian Street</td> <td>Salmon ID</td> <td>Lemhi</td> <td></td> <td>83467</td> </tr> <tr> <td>Board Chairman</td> <td>Jeff Delys</td> <td>3650 Grant Creek Road</td> <td>Missoula</td> <td>MT</td> <td></td> <td>59808</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Executive Director	Pamela J Baglien Ph.D	111 Lillian Salmon ID	Lemhi	ID		83467	Clinical Director	Thomas Maus LMFT	111 Lillian Street	Salmon ID	Lemhi		83467	Board Chairman	Jeff Delys	3650 Grant Creek Road	Missoula	MT		59808
Office Held	Name	Street or PO Address	City	State	Country	Postal Code																								
Executive Director	Pamela J Baglien Ph.D	111 Lillian Salmon ID	Lemhi	ID		83467																								
Clinical Director	Thomas Maus LMFT	111 Lillian Street	Salmon ID	Lemhi		83467																								
Board Chairman	Jeff Delys	3650 Grant Creek Road	Missoula	MT		59808																								
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO C 163496</div>	6. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature: <i>Pamela J Baglien Ph.D</i></td> <td style="width: 40%;">Date: 1/12/10</td> </tr> <tr> <td>Name (type or print): Pamela J. Baglien, Ph.D</td> <td>Title: Executive Director</td> </tr> </table>		Signature: <i>Pamela J Baglien Ph.D</i>	Date: 1/12/10	Name (type or print): Pamela J. Baglien, Ph.D	Title: Executive Director																								
Signature: <i>Pamela J Baglien Ph.D</i>	Date: 1/12/10																													
Name (type or print): Pamela J. Baglien, Ph.D	Title: Executive Director																													
Issued 01/11/2010 by SLD 200911002512																														

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM