

No. C 115680

Due no later than July 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

TOM WILSON COUNSELING CENTERS, INCO  
514 S ORCHARD ST STE 101  
BOISE, ID 83705TOM WILSON  
514 S ORCHARD STE 101  
BOISE, ID 83705NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Thomas A. Wilson	514 So. Orchard, ste. 101	Boise	Idaho	83705

5. Organized Under the Laws of:

IDAHO  
C 115680

6.

Signature

Thomas A. Wilson

Date

5-9-07

Name (Typed or Printed)

THOMAS A. WILSON

Title

President