No. <b>C 128125</b>		D	ue no later than Mar 31, 2009	2.	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.  MOUNTAIN STATES CHEMICAL DEPENDENCY AND COUNSELING SERVICES, INC. RUSTY O'LEARY 1305 2ND ST S RM.#201 NAMPA ID 83651			RUSTY O'LEARY				
					1305 2ND ST S RM.#201 NAMPA ID 83651				
				3.	3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Nar	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (opt	tional).				
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code	
PRESIDENT SECRETARY	RUSTY O'LEARY MAUREEN K O'LEARY		10701 CHAPIN AVE 10701 CHAPIN AVE	_	OISE OISE	ID ID	USA USA	83709 83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Rusty O'Leary			Date: 02/09/2009				
C 128125		Name (type or print): Rusty O'Leary			Title: President				
Processed 02/09/2009 * Electronically provided signatures are accepted as original signatures.									