No. C 193625		Due no later than Feb 28, 2013		2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form		DEO PEPPERSACK 353 W IOWA AVE NAMPA ID 83686					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MENTAL HEALTH AMERICA BOISE AFFILIATE INC. DEO PEPPERSACK 353 W IOWA AVE NAMPA ID 83686							
					ואחיוה על אוויהאו				
					3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code	
			1203 W HIGH ST		NAMPA	ID	USA	83651	
DIRECTOR WILLIAM TH		IOMPSON	15141 OSPREY PL		CALDWELL	ID	USA	83607	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 193625		Signature: Deo Peppersack, DNP		Date: 02/28/2013					
		Name (type or print): Deo Peppersack, DNP			Title: Executive director				
Processed 02/28/2013	Processed 02/28/2013 * Electronically provided signatures are accepted as original signatures.								