

No. <b>C 136085</b>		<b>Due no later than Oct 31, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> 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	
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	
PRESIDENT	PAULA MARCOTTE	2399 S ORCHARD #200	BOISE	ID	USA	83705	
5. Organized Under the Laws of:  <b>ID C 136085</b>		6. Annual Report must be signed.* Signature: MarDee Harper Name (type or print): MarDee Harper  Date: 11/18/2009 Title: Treasurer					
Processed 11/18/2009		* Electronically provided signatures are accepted as original signatures.					