

No. <b>C 115680</b>	<b>Due no later than Jul 31, 2013</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> TOM WILSON COUNSELING CENTERS, INCORPORATED TOM A WILSON 514 S ORCHARD ST STE 101 BOISE ID 83705 USA		TOM WILSON 514 S ORCHARD STE 101 BOISE ID 83705			
			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
PRESIDENT	TOM A WILSON	514 SO. ORCHARD ST. SUITE 101	BOISE	ID	USA	83705
SECRETARY	TOM A WILSON	514 SO. ORCHARD ST. SUITE 101	BOISE	ID	USA	83705
5. Organized Under the Laws of:  <b>ID C 115680</b>	6. Annual Report must be signed.* Signature: Tom Wilson Name (type or print): Tom Wilson		Date: 05/21/2013 Title: President			
Processed 05/21/2013		* Electronically provided signatures are accepted as original signatures.				