No. C 160102		Due no later than Apr 30, 2009 Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:					RITA NAUMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. TURNING POINT COUNSELING & PARTIAL CARE CENTER, INC. RITA NAUMAN 3330 HIGHWAY 30 WEST POCATELLO ID 83201 USA		SECTION AND DESCRIPTION OF RESERVE	2625 S FAIRWAY DR POCATELLO ID 83201			
				3. <u>New</u> Register	3. New Registered Agent Signature:*			
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Presid	ent, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT RITA L NAU		IMAN	2625 SOUTH FAIRWAY DRIVE	POCATELLO	ID	USA	83201	
SECRETARY TOM M NAU		JMAN	3330 HIGHWAY 30 WEST	POCATELLO	ID	USA	83201	
TREASURER	NICOLE M NAUMAN-GILLIAM		387 CHESAPEAKE AVE	CHUBBUCK	ID	USA	83202	
5. Organized Under the Laws of:		6. Annual Report must						
ID C 160102		Signature: Nicole Nauman-Gilliam			Date: 03/26/2009			
		Name (type or print		Title: Treasurer				
Processed 03/26/2009 * Electronically provided signatures are accepted as original signatures.								

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		Name (type or print		Title: Treasurer				
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