

# REINSTATEMENT

No. C 117127	Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable		MARTHA K WILSON 322 E BLACK CANYON HWY EMMETT ID 83617		
FEE DUE \$30.00 ACTION TAKEN 2/17/00	RURAL MENTAL HEALTH NETWORK OF IDAHO, INC. MARTHA K WILSON 322 E BLACK CANYON HWY EMMETT ID 83617		3. <u>New</u> registered agent signaure		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	Name	Street or P.O. Address	City	State	Zip
<del>President</del>	Martha Wilson	322 E Black Canyon Hwy, Emmett	DD	83617	
5. Organized under the laws of: ID C 117127		6. Signature	Date		
		Signature <u>M. K. Wilson</u>	Date <u>4 Apr 02</u>		
		Name (Typed or Printed) <u>Martha Wilson</u>	Title <u>President</u>		