

# REINSTATEMENT

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