

No. C 115680		Due no later than Jul 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: 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. 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: ID C 115680		6. Annual Report must be signed.* Signature: Tom Wilson Name (type or print): Tom Wilson					
		Date: 05/18/2015 Title: President					
Processed 05/18/2015		* Electronically provided signatures are accepted as original signatures.					