No. **C 187531**	**Due no later than Jun 30, 2011** **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.** IDAHO MUSIC THERAPY INITIATIVE, INC. STEPHANIE LEAVELL P.O. BOX 8506 BOISE ID 83707	STEPHANIE L LEAVELL 5461 N. HICKORY BURR PL. BOISE ID 83713 3. New 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
DIRECTOR	STEPHANIE L LEAVELL MT-BC	P.O. BOX 8506	BOISE	ID	USA	83707
DIRECTOR	JOHN T LEAVELL MD	11210 W HICKORY LOUP DR	BOISE	ID	USA	83713
DIRECTOR	LYNDA J JOHNSON	5461 N HICKORY BURR PL	BOISE	ID	USA	83713
DIRECTOR	BRIAN C LEAVELL	5461 N HICKORY BURR PL	BOISE	ID	USA	83713
DIRECTOR	DAVID L JOHNSON CPA	5461 HICKORY BURR PL	BOISE	ID	USA	83713

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 187531**	Signature: Stephanie	Date: 05/21/2011
	Name (type or print): Stephanie	Title: Director
Processed 05/21/2011	* Electronically provided signatures are accepted as original signatures.	