

No. <b>C 103264</b>		<b>Due no later than Sep 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  GENESIS COUNSELING & PSYCHOLOGICAL SERVICES, P.A. NEAL A BOLIOU 4574 N SAMSON BOISE ID 83704		NEAL A BOLIOU 1323 S. FIVE-MILE RD BOISE ID 83709			
						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	
DIRECTOR	NEAL A BOLIOU	4574 N SAMSON	BOISE	ID	USA	83704	
DIRECTOR	PATRICIA BOLIOU	4574 N SAMSON	BOISE	ID	USA	83704	
5. Organized Under the Laws of:  <b>ID</b> <b>C 103264</b>		6. Annual Report must be signed.*  Signature: Neal Boliou Name (type or print): Neal Boliou					
		Date: 07/20/2015 Title: secretary					
Processed 07/20/2015		* Electronically provided signatures are accepted as original signatures.					