

No. C 170184	Due no later than Dec 31, 2010 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. MENTAL WELLNESS CLINIC OF COEUR D'ALENE, INC. KELLY LAGROU 1104 IRONWOOD DR COEUR D ALENE ID 83814	LYNN F PETERSON 1104 IRONWOOD DR COEUR D'ALENE ID 83814 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
SECRETARY	KELLY P LAGROU	1397 BIGTOWN LOOP	HAYDEN	ID	USA	83835
TREASURER	KELLY P. LAGROU	1397 BIGTOWN LOOP	HAYDEN	ID	USA	83835
PRESIDENT	KELLY P LAGROU	1397 BIGTOWN LOOP	HAYDEN	ID	USA	83835
DIRECTOR	KELLY P LAGROU	1397 BIGTOWN LOOP	HAYDEN	ID	USA	83835
5. Organized Under the Laws of: ID C 170184	6. Annual Report must be signed.* Signature: Lynn Peterson Name (type or print): Lynn Peterson		Date: 10/15/2010 Title: Bookkeeper			
Processed 10/15/2010		* Electronically provided signatures are accepted as original signatures.				