

No. C 117127	Due no later than Nov 30, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable RURAL MENTAL HEALTH NETWORK OF IDAH MARTHA K WILSON 322 E BLACK CANYON HWY		MARTHA K WILSON 322 E BLACK CANYON HWY		
NO FILING FEE IF RECEIVED BY DUE DATE	EMMETT, ID 83617		EMMETT, ID 83617		
3. <u>New</u> Registered Agent Signature					
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
Office held <i>President/ sec.</i>	Name <i>MARTHA K. WILSON</i>	Street or P.O. Address <i>322 E. BLACK CANYON HWY</i>	City <i>Emmett</i>	State <i>ID</i>	Zip <i>83617</i>
5. Organized Under the Laws of: IDAHO C 117127		6. Signature <i>M. K. Wilson</i> Name <small>(Typed or Printed)</small> <i>MARTHA K. WILSON</i>	Date <i>29 Sep 01</i> Title <i>President/sec</i>		