

No. C 103264		Due no later than Sep 30, 2009		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. 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			
DIRECTOR	THOMPSON R SIVERSON	819 MAPLE	NAMPA	ID	USA	83686			
5. Organized Under the Laws of: ID C 103264		6. Annual Report must be signed.* Signature: Neal A. Boliou Name (type or print): Neal A. Boliou Date: 10/09/2009 Title: Director							
Processed 10/09/2009		* Electronically provided signatures are accepted as original signatures.							