No. C115680	Annual Report Form 1999 Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct. If Not Correct	TOM WILSON
700 WEST JEFFERSON PO BOX 83720	TOM WILSON COUNSELING CENTER	1661 SHORELINE DR STE
NO FEE REQUIRED	1661 SHORELINE DR STE 205	BOISE 10 83702
* FIRST NOTICE *	BOISE ID 83702	3. Organized Under the Laws of:
Corporations: Enter Names and B	usiness Addresses of President, Secretary and Directors Names and Addresses of Managers or Members	ID C115680
Office held Name	Street or P.O. Address	<u>City</u> State Zip
resident Thomas A ce fresident Betty L	Street or P.O. Address Wilson 1661 Shoreline, Suite 209 Jilson 1661 Shoreline, Suite 209	Entry State Zip Bouse Id. 87702 Bouse Id. 83702