

No. C 86464		Due no later than Apr 30, 2018 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. NATIONAL ALLIANCE ON MENTAL ILLNESS - BOISE CHAPTER, INC. NAMI BOISE 10137 W GERONIMO ST BOISE ID 83709		ROSEANNE HARDIN 4696 W. OVERLAND RD SUITE 272 BOISE ID 83705-2877			
				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	
PRESIDENT	ERIC CAWLEY	10137 W GERONIMO ST	BOISE	ID	USA	83709	
VICE PRESIDENT	KIM SCHAFF	5496 N ROSA SPRINGS AVE	MERRIDIAN	ID	USA	83646	
SECRETARY	EVAN CAWLEY	4844 TOURNAMENT DR	MERIDIAN	ID	USA	83646	
TREASURER	SCOTT JONES	5546 W CLEARVIEW CT	BOISE	ID	USA	83703	
DIRECTOR	MARV QUINTON	8650 W RIFLEMAN ST #J203	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID C 86464		6. Annual Report must be signed.* Signature: M. ERIC CAWLEY Name (type or print): M. ERIC CAWLEY Date: 03/09/2018 Title: PRESIDENT					
Processed 03/09/2018		* Electronically provided signatures are accepted as original signatures.					