

No. <b>C 136085</b>	<b>Due no later than Oct 31, 2011</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MENTAL HEALTH PROVIDERS ASSOCIATION OF IDAHO, INC. MARDEE HARPER P.O. BOX 1353 IDAHO FALLS ID 83403	LEE BARTON 7711 W RIVERSIDE DR GARDEN CITY ID 83714  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	JEFF WRIGHT	112 12TH AVENUE RD	NAMPA	ID	USA	83686
SECRETARY	TINA RICKS	1970 E 17TH ST STE 202	IDAHO FALLS	ID	USA	83404
TREASURER	MARDEE HARPER	2001 S. WOODRUFF SUITE 6	IDAHO FALLS	ID	USA	83404
DIRECTOR	BECKY HYMAS	36 N. 2ND WEST	REXBURG	ID	USA	83440
5. Organized Under the Laws of:  <b>ID C 136085</b>	6. Annual Report must be signed.* Signature: MarDee Harper Name (type or print): MarDee Harper		Date: 10/31/2011 Title: Treasurer			
Processed 10/31/2011		* Electronically provided signatures are accepted as original signatures.				