

No. C 115680	Due no later than July 31, 2008 <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<small>Filing Address: (must be the box of applicant)</small> TOM WILSON COUNSELING CENTERS, INCO 514 S ORCHARD ST STE 101 BOISE, ID 83705		TOM WILSON 514 S ORCHARD STE 101 BOISE, ID 83705													
			3. <u>New</u> Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Tom Wilson</td> <td>514 S. ORCHARD ST. suite 101</td> <td>BOISE</td> <td>IDAHO</td> <td>83705</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Tom Wilson	514 S. ORCHARD ST. suite 101	BOISE	IDAHO	83705
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Tom Wilson	514 S. ORCHARD ST. suite 101	BOISE	IDAHO	83705											
5. Organized Under the Laws of: IDAHO C 115680		6. Signature <u>Tom Wilson</u> Name (Typed or Printed) <u>TOM WILSON</u>			Date <u>5-9-08</u> Title <u>PRESIDENT</u>											

Issued 05/02/2008

**Do Not Tape or Staple**

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