| No. C 153465 | the state of the s | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|-----------------------|---|--|---------|-------------|--|
| Return to: | Annual Report Form 1. Mailing Address: Correct in this box if needed. CHARLOTTE CANELLA COUNSELING, INC. CHARLOTTE A CANELLA 3240 W HATCH COURT | | 2240 14/1147 | CHARLOTTE A CANELLA 3240 W HATCH COURT MERIDIAN ID 83642 | | | |
| SECRETARY OF STATE | | | NAME OF TAXABLE PARTY OF TAXABLE PARTY. | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | | | |
| | MERIDIAN ID 83642 | | 3. <u>New</u> Register | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 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 CHARLOTTE | A CANELLA | 3240 W HATCH CT | MERIDIAN | ID | USA | 83646-4158 | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: D | eena Kolb | 1 | Date: 01/30/2009 | | | |
| C 153465 | Name (type o | or print): Deena Kolb | • | Title: Bookkeeper | | | |
| Processed 01/30/2009 | * Electronically provided signatures are accepted as original signatures. | | | | | | |