

<b>No. C 54788</b>	<b>Due no later than Dec 31, 2002</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable BOUNDARY COUNTY MENTAL HEALTH VOLUN GINI WOODWARD BOX 854  BONNERS FERRY, ID 83805		GINI WOODWARD 105 MAIN  BONNERS FERRY, ID 83805																								
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	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><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Suzanne Olson</td> <td>HCR 62 Box 56</td> <td>Moyie Springs</td> <td>ID</td> <td>83845</td> </tr> <tr> <td>Secretary</td> <td>Gary Meddock</td> <td>P.O. Box 457</td> <td>Bonnars Ferry</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>Treasurer</td> <td>Joyce Trueblood</td> <td>Box 121</td> <td>Bonnars Ferry</td> <td>ID</td> <td>83805</td> </tr> </tbody> </table>	<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Suzanne Olson	HCR 62 Box 56	Moyie Springs	ID	83845	Secretary	Gary Meddock	P.O. Box 457	Bonnars Ferry	ID	83805	Treasurer	Joyce Trueblood	Box 121	Bonnars Ferry	ID	83805			
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5. Organized Under the Laws of:  IDAHO C 54788	6. Signature <u>Suzanne C. Olson</u> Date <u>1-20-03</u> Name (Typed or Printed) <u>Suzanne C. Olson</u> Title <u>President</u>																										