

No. C 105553		Due no later than Mar 31, 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. IDAHO SOCIETY FOR CLINICAL SOCIAL WORK, INC. KELLY VICTORINE IDAHO SOCIETY OF CLINICAL S.W. P.O. BOX 7722 BOISE ID 83702-5526		CHARLES POHL 2424 N. 34TH ST. BOISE ID 83703			
						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	
DIRECTOR	KELLY J VICTORINE	4467 E. TIMBERSAW DR.	BOISE	ID	USA	83716	
5. Organized Under the Laws of: ID C 105553		6. Annual Report must be signed.* Signature: Kelly Victorine Name (type or print): Kelly Victorine					
		Date: 04/28/2018 Title: LCSW					
Processed 04/28/2018 * Electronically provided signatures are accepted as original signatures.							