

No. C 187531		Due no later than Jun 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO MUSIC THERAPY INITIATIVE, INC. STEPHANIE LEAVELL P.O. BOX 8506 BOISE ID 83707		STEPHANIE L LEAVELL 5647 N. HERTFORD WAY BOISE 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
DIRECTOR	STEPHANIE L LEAVELL MT-BC	P.O. BOX 8506	BOISE	ID	USA	83707
DIRECTOR	JOHN T LEAVELL MD	11210 W HICKORY LOUP DR	BOISE	ID	USA	83713
DIRECTOR	LYNDA J JOHNSON	5461 N HICKORY BURR PL	BOISE	ID	USA	83713
DIRECTOR	BRIAN C LEAVELL	5461 N HICKORY BURR PL	BOISE	ID	USA	83713
DIRECTOR	DAVID L JOHNSON CPA	5461 HICKORY BURR PL	BOISE	ID	USA	83713
5. Organized Under the Laws of: ID C 187531		6. Annual Report must be signed.* Signature: Stephanie Leavell Name (type or print): Stephanie Leavell Date: 06/18/2015 Title: Member				
Processed 06/18/2015		* Electronically provided signatures are accepted as original signatures.				