

No. <b>C 86464</b>		<b>Due no later than Apr 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  NATIONAL ALLIANCE ON MENTAL ILLNESS - BOISE CHAPTER, INC. NAMI BOISE 4696 W. OVERLAND RD SUITE 272 BOISE ID 83705-2877		ROSEANNE HARDIN 4696 W. OVERLAND RD SUITE 272 BOISE ID 83705-2877			
<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. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KEN WINER	4696 W OVERLAND RD SUITE 272	BOISE	ID	USA	83705	
DIRECTOR	JENNIFER STAIRS	4696 W OVERLAND RD SUITE 272	BOISE	ID	USA	83705	
DIRECTOR	LIZA LONG	4696 W OVERLAND RD SUITE 272	BOISE	ID	USA	83705	
PRESIDENT	RICK SIMON	4696 W. OVERLAND ROAD SUITE 272	BOISE	ID	USA	83705-2877	
VICE PRESIDENT	ALEX COPPLE	4696 W. OVERLAND RD SUITE 272	BOISE	ID	USA	83705-2877	
SECRETARY	SALLY OBERLINDACHER	4696 W. OVERLAND RD SUITE 272	BOISE	ID	USA	83705-2877	
TREASURER	SHAWN MYERS	4696 W. OVERLAND RD SUITE 272	BOISE	ID	USA	83705-2877	
DIRECTOR	JOSE ACOSTA	4696 W. OVERLAND SUITE 272	BOISE	ID	USA	83705-2877	
DIRECTOR	BRETT LENSING	4696 W. OVERLAND SUITE 272	BOISE	ID	USA	83705-2877	
5. Organized Under the Laws of:  <b>ID C 86464</b>		6. Annual Report must be signed.*  Signature: Richard W Simon Name (type or print): Richard W Simon					
		Date: 02/27/2016 Title: President					
Processed 02/27/2016		* Electronically provided signatures are accepted as original signatures.					