

No. <b>C 170184</b>	<b>Due no later than Dec 31, 2009</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MENTAL WELLNESS CLINIC OF COEUR D'ALENE, INC. MICHAEL E. REAGAN, ESQ. LIESCHE & REAGAN, P.A. 1044 NORTHWEST BLVD STE D COEUR D'ALENE ID 83814		MICHAEL E REAGAN 1044 NORTHWEST BLVD STE D COEUR D'ALENE ID 83814			
			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
SECRETARY	KELLY P LAGROU	1397 BIGTOWN LOOP	HAYDEN	ID	USA	83835
TREASURER	KELLY P. LAGROU	1397 BIGTOWN LOOP	HAYDEN	ID	USA	83835
PRESIDENT	KELLY P LAGROU	1397 BIGTOWN LOOP	HAYDEN	ID	USA	83835
DIRECTOR	KELLY P LAGROU	1397 BIGTOWN LOOP	HAYDEN	ID	USA	83835
5. Organized Under the Laws of:  <b>ID C 170184</b>	6. Annual Report must be signed.* Signature: Michael E Reagan Name (type or print): Michael E Reagan		Date: 12/08/2009 Title: Reg Agent			
Processed 12/08/2009		* Electronically provided signatures are accepted as original signatures.				