

No. C 86464		Due no later than Apr 30, 2010		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. NATIONAL ALLIANCE FOR MENTALLY ILL-BOISE CHAPTER, INC. NAMI BOISE 4696 OVERLAND RD STE 226 BOISE ID 83705		ROSEANNE HARDIN 4696 OVERLAND RD STE 226 BOISE ID 83705		
				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	PAULA CAMPBELL	4725 SAVANNAH LANE	BOISE	ID	USA	83714-5310
SECRETARY	VALERIE BLACKBURN	1313 WILSON	CALDWELL	ID	USA	83605
DIRECTOR	BILL ALDRICH	716 N. ORCHARD ST.	BOISE	ID	USA	83706
DIRECTOR	FAYE LYNCH	1629 S. PACIFIC	BOISE	ID	USA	83705-5310
DIRECTOR	KELLY NORRIS	200 W. FRONT ROOM 505-A	BOISE	ID	USA	83702
PRESIDENT	GREG COWLES	888 N. COLE RD	BOISE	ID	USA	83704-5310
DIRECTOR	MARSHA THOMASON	355 N. ORCHARD STE 107	BOISE	ID	USA	83706
DIRECTOR	KERI BARBERO	500 W. FORT ST. BLDG 114	BOISE	ID	USA	83702
TREASURER	HARLESS MCMIKLE	537 HARRIS VIEW WAY	MELBA	ID	USA	83641-5310
5. Organized Under the Laws of: ID C 86464		6. Annual Report must be signed.* Signature: Harless McMikle Name (type or print): Harless McMikle Date: 02/16/2010 Title: Treasurer				
Processed 02/16/2010		* Electronically provided signatures are accepted as original signatures.				