| No. C 136085 | | Due no later than Oct 31, 2013 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|-------------------|---|---------------------------|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. | | LEE BARTON 7711 W RIVERSIDE DR | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | MENTAL HEALTH PROVIDERS ASSOCIATION OF IDAHO, INC. GREGORY DICKERSON 4477 W EMERALD ST. | | GARDEN CITY ID 83714 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | SUITE C100 BOISE ID 83706 USA | | 3. Ivev 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 |
| VICE PRESIDENT | PAULA BARTHELMESS | | 1031 W SANETTA | Nampa | ID | USA | 83686 |
| PRESIDENT | | | 1920 E 17TH SUITE 209 | IDAHO FALLS | ID | USA | 83404 |
| TREASURER | GREGORY DI | | 4477 W EMERALD SUITE C100 | BOISE | ID | USA | 83706 |
| SECRETARY | REBECCA HY | MAS | 1223 S. RAILROAD AVE | SUGAR CITY | ID | USA | 83448 |
| 5. Organized Under the Laws of: | | 6. Annual Report must | | | | | |
| ID C 136085 | | Signature: Gregory Dickerson | | Date: 08/22/2013 | | | |
| | | Name (type or print) | Title: Treasurer | | | | |
| Processed 08/22/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | |