



STATE OF IDAHO  
BEN YSURSA  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

RETURN SERVICE REQUESTED

PRESORTED  
FIRST-CLASS  
U.S. POSTAGE PAID  
Boise, ID  
PERMIT No. 1

## IDAHO ANNUAL REPORT FORM C 124254

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

SPIRITWALKER COUNSELING SERVICE, INC.  
300 2ND AVE EAST  
TWIN FALLS, ID 83301

C 124254

No. C 124254	Due no later than May 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SPIRITWALKER COUNSELING SERVICE, INC 300 2ND AVE EAST P. O. Box 242		BRENT RIGBY CUNNINGHAM 300 2ND AVE EAST TWIN FALLS, ID 83301		
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS, ID 83301		3. New Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
Office held President	Name BRENT R. Cunningham	Street or P.O. Address 300 2nd Ave E. Twin Falls, Id 83303-0242	City Twin Falls	State Id	Zip 83303
Vice Pres/ SEC.	Christine R. Cunningham	300 2nd Ave E. Twin Falls, Id 83303-0242			
5. Organized Under the Laws of: IDAHO C 124254		6. Signature Date 6-7-04 Name BRENT R. Cunningham Title President			

Issued 06/07/2004

Do Not Tape or Staple

Fold, seal and mail the portion.

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Detach at this perforation and discard this lower portion.

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

BLOCK 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

BLOCK 3: Only a new registered agent must sign in Block 2.

BLOCK 4: Enter names and business addresses of president, secretary, and directors (for corporations only) or managers/members (for LLC's only). Note: Putting "same as last year" or "same as above" will not be accepted. Changes here will not affect the address in Block 1.

BLOCK 5: May not be altered through the use of this form.

BLOCK 6: The annual report must be signed by a person authorized to represent the corporation/LLC. Print or type the name and title of the signer below the signature.

\*\* The image of this form will be available on the internet once it is filed. DO NOT enter Social Security Numbers.

If the (corporation/Limited Liability Company) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at [www.idos.state.id.us](http://www.idos.state.id.us). However, if no timely annual report is filed, administrative action will be taken, at no cost to the (corporation/Limited Liability Company), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED