No. C 55549 Return to:		Due	2. Registered A	2. Registered Agent and Address (NO PO BOX) JEANA BOYD 225 E PALOUSE RIVER RD MOSCOW ID 83843 3. New Registered Agent Signature:*				
		Annual Report Form 1. Mailing Address: Correct in this box if needed. LATAH ALLIANCE ON MENTAL ILLNESS, INC. (THE) SHARON FRITZ P. O. BOX 8654 MOSCOW ID 83843						JEANA BOYE
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								MOSCOW II
NO FILING FEE IF RECEIVED BY DUE DATE								3. <u>14044</u> Registe
4. Corporations: Enter Na	mes and Busin	ess Addresses of F	resident, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	SHARON FR	ΠZ	1338 TAMARACK DRIVE	MOSCOW	ID	USA	83843	
VICE PRESIDENT	SARAH RIAL	-	2448 BLAINE ROAD	MOSCOW	ID	USA	83843	
SECRETARY JESSICA REED P		ED PERONE	260 SE WATER STREET	PULLMAN	WA	USA	99163	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: ARLYNE J GILBERTSON			Date: 04/23/2018			
C 55549		Name (type or print): ARLYNE J GILBERTSON			Title: BOOKKEEPER			
Processed 04/23/2018		* Electronically pr	ovided signatures are accepted as original	signatures.				