

No. <b>C 86464</b>		<b>Due no later than Apr 30, 2014</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>  NATIONAL ALLIANCE ON MENTAL ILLNESS - BOISE CHAPTER, INC. NAMI BOISE 4696 W. OVERLAND RD STE 272 BOISE ID 83705-2877		ROSEANNE HARDIN 4696 W. OVERLAND RD STE 272 BOISE ID 83705-2877			
						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	GINA WESTCOTT	4696 W. OVERLAND RD. STE: 272	BOISE	ID	USA	83705-2877	
PRESIDENT	HARLESS MCMIKLE	4696 W. OVERLAND ROAD STE:272	BOISE	ID	USA	83705-2877	
DIRECTOR	DEONDRE BRYANT	4696 W. OVERLAND RD. STE: 272	BOISE	ID	USA	83705-2877	
VICE PRESIDENT	ARIS DUNCAN	4696 W. OVERLAND RD., STE, 272	BOISE	ID	USA	83705-2877	
DIRECTOR	KEN WINER	4696 W. OVERLAND RD., STE. 272	BOISE	ID	USA	83705-2877	
DIRECTOR	RICK SIMON	4696 W. OVERLAND RD. STE: 272	BOISE	ID	USA	83705-2877	
5. Organized Under the Laws of:  <b>ID</b> <b>C 86464</b>		6. Annual Report must be signed.*  Signature: Harless McMikle Name (type or print): Harless McMikle  Date: 02/12/2014 Title: President & Treasurer					
Processed 02/12/2014		* Electronically provided signatures are accepted as original signatures.					