No. C 103264		Due no later than Sep 30, 2012		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. GENESIS COUNSELING & PSYCHOLOGICAL SERVICES, P.A. NEAL A BOLIOU 4574 N SAMSON BOISE ID 83704		1323 S. FI BOISE ID	A BOLIOU NEAL 1323 S. FIVE-MILE RD BOISE ID 83709 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR NEAL A BOLD		IOU	4574 N SAMSON	BOISE	ID	USA	83704	
DIRECTOR PATRICIA BO		DLIOU	4574 N SAMSON	BOISE	ID	USA	83704	
DIRECTOR	THOMPSON	R SIVERSON	10418 CAMPVILLE ST	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 103264		Signature: Neal Boliou			Date: 10/11/2012			
		Name (type or pr		Title: President				
Processed 10/11/2012	* Electronically provided signatures are accepted as original signatures.							