No. C 199805		Due no later than Sep 30, 2015		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MARGY LEACH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		NA ARTHUR AND ARTHUR A	305 W JEFFERSON ST BOISE ID 83702			
		IDAHO DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION, INC. MARGY LEACH PO BOX 2668 BOISE ID 83701		RIC				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registere				
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pro	esident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	JEREMY STODDART, MD		777 N RAYMOND	BOISE	ID	USA	83704	
PRESIDENT	JAMES SACCOMANDO, MD WILLIAM CONE, MD		1423 W FRANKLIN ST	BOISE	ID	USA	83702	
DIRECTOR DIRECTOR	DERIC RAVS		831 ASH ST 1777 E CLARK ST #210	MOSCOW POCATELLO	ID ID	USA USA	83844 83201	
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
ID		Signature: MARGY LEACH		Date: 07/30	Date: 07/30/2015			
C 199805		Name (type or print): MARGY LEACH		Title: EXEC	Title: EXECUTIVE DIRECTOR			
Processed 07/30/2015		* Electronically prov	rided signatures are accepted as original	l signatures.				