No. C 115680	Due no later than Jul 31, 2002 Annual Report Form 1. Mailing Address - Correct in this box. if applicable TOM WILSON COUNSELING CENTERS, INCO 1661 SHORELINE DR STE 205 BOISE, ID 83702		Registered Agent and Office NO PO BOX TOM! WILSON 166" SHORELINE DR STE 205 BOI SE, ID 83702 3. New Registered Agent Signature	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720				
NO FILING FEE IF				
4. Corporations: Enter Na	mes and Business Addresses of Presi	dent, Secretar	y and Directors.	
	Street or P.O. Address Wilson 544 So. Orchard Suite 101	City Bowe	<u>State</u>	Zip 83705
Vice fros Betty a	Wilson 514 So. Orchard Swite 101	Boise	#1 9	83705
			,	
5. Organized Under the Laws of:	6. Signature Jan Wil	Zem	Date5	-17-02
IDAHO C 115680	Signature Jm Will Name (Typed or Thom As A	Wilson	Title Pyo	sident
	Do Not Tape or St	_		2935