

No. C 153921		Due no later than Mar 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. TWIN FALLS MENTAL HEALTH ADVOCATES, INC. DAWN M FLETCHER 420 MAIN AVE S TWIN FALLS ID 83301		DAWN FLETCHER 420 MAIN AVE S TWIN FALLS ID 83301			
						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	PATTI FURR	420 MAIN AVE S.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 153921		6. Annual Report must be signed.* Signature: Dawn fletcher Name (type or print): Dawn fletcher					
		Date: 04/14/2017 Title: Director					
Processed 04/14/2017 * Electronically provided signatures are accepted as original signatures.							