

No. C 115680		Due no later than Jul 31, 2017		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		Annual Report Form		TOM WILSON 514 SO. ORCHARD ST. SUITE 101 Boise ID 83705-8370			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		TOM WILSON COUNSELING CENTERS, INCORPORATED TOM A WILSON 514 SO. ORCHARD ST. SUITE 101 BOISE ID 83705 USA					
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	
PRESIDENT	TOM A WILSON	514 SO. ORCHARD ST. SUITE 101	BOISE	ID	USA	83705	
SECRETARY	TOM A WILSON	514 SO. ORCHARD ST. SUITE 101	BOISE	ID	USA	83705	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 115680		Signature: Tom Wilson			Date: 05/17/2017		
		Name (type or print): Tom Wilson			Title: President		
Processed 05/17/2017		* Electronically provided signatures are accepted as original signatures.					