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| No. C 125216 | | Due no later than Aug 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. BRAIN INJURY ALLIANCE OF IDAHO, INC. NICHOLE WHITENER 1055 N CURTIS RD BOISE ID 83706 | | NICHOLE WHITENAR 1055 N CURTIS RD BOISE ID 83706 | | | |
| | | | | | | 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 | |
| PRESIDENT | JUSTIN HACKING | 3457 S. CONSTITUTION WAY | BOISE | ID | USA | 83706 | |
| TREASURER | NICHOLE WHITENER | 1055 N. CURTIS RD | BOISE | ID | USA | 83706 | |
| 5. Organized Under the Laws of: ID C 125216 | | 6. Annual Report must be signed.* Signature: nichole whitener Name (type or print): nichole whitener | | | | | |
| | | Date: 07/20/2017 Title: treasurer | | | | | |
| Processed 07/20/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |