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|--|---------------------------|--|-------|---|---------|-------------|
| No. C 187531 | | Due no later than Jun 30, 2012 | | 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 1. Mailing Address: Correct in this box if needed. IDAHO MUSIC THERAPY INITIATIVE, INC. STEPHANIE LEAVELL P.O. BOX 8506 BOISE ID 83707 | | STEPHANIE L LEAVELL 1916 N. 28TH ST. BOISE ID 83703 | | |
| | | | | 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 |
| DIRECTOR | STEPHANIE L LEAVELL MT-BC | P.O. BOX 8506 | BOISE | ID | USA | 83707 |
| DIRECTOR | JOHN T LEAVELL MD | 11210 W HICKORY LOUP DR | BOISE | ID | USA | 83713 |
| DIRECTOR | LYNDA J JOHNSON | 5461 N HICKORY BURR PL | BOISE | ID | USA | 83713 |
| DIRECTOR | BRIAN C LEAVELL | 5461 N HICKORY BURR PL | BOISE | ID | USA | 83713 |
| DIRECTOR | DAVID L JOHNSON CPA | 5461 HICKORY BURR PL | BOISE | ID | USA | 83713 |
| 5. Organized Under the Laws of: ID C 187531 | | 6. Annual Report must be signed.* Signature: Stephanie Leavell Name (type or print): Stephanie Leavell Date: 04/20/2012 Title: Director | | | | |
| Processed 04/20/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | |