

No. C 125216	Due no later than Aug 31, 2009 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 ASSOCIATION OF IDAHO, INC. LINDA EDWARDS PO BOX 414 BOISE ID 83701 USA		LINDA EDWARDS 2531 W BELLAGIO MERIDAIN ID 83642			
			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	MICHAEL MCMARTIN	P.O. BOX 414	BOISE	ID	USA	83701
TREASURER	LINDA EDWARDS	P.O. BOX 414	BOISE	ID	USA	83701
5. Organized Under the Laws of: ID C 125216	6. Annual Report must be signed.* Signature: Linda Edwards Name (type or print): Linda Edwards		Date: 10/13/2009 Title: Treasurer			
Processed 10/13/2009		* Electronically provided signatures are accepted as original signatures.				