

No. C 83234		Due no later than Feb 28, 2013 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		1. Mailing Address: Correct in this box if needed. FAMILY CRISIS CENTER, INC. MARGIE HARRIS PO BOX 422 REXBURG ID 83440-3510		MARGIE HARRIS 16 E MAIN ST REXBURG ID 83440			
NO FILING FEE IF RECEIVED BY DUE DATE				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	MARGIE HARRIS	PO BOX 826	REXBURG	ID	USA	83440	
DIRECTOR	TROY RASMUSSEN	127 E MAIN ST STE A-2	REXBURG	ID	USA	83440	
SECRETARY	KATIE MOON	1673 E 400 N	ST. ANTHONY	ID	USA	83445	
PRESIDENT	BEVERLY RICKS	415 CHURCH ST	NEWDALE	ID	USA	83436	
VICE PRESIDENT	CAROL GNETTING	PO BOX 243	NEWDALE	ID	USA	83436	
DIRECTOR	DONNA BENFIELD	201 MILL HOLLOW RD.	REXBURG	ID	USA	83440	
TREASURER	STEVE DENNISON	590 TAURUS DR	REXBURG	ID	USA	83440	
DIRECTOR	JEREMY COOLEY	520 W 7TH S. # 110	REXBURG	ID	USA	83440	
DIRECTOR	MIKE COURTNEY	219 S. AUSTIN AVE	SUGAR CITY	ID	USA	83440	
DIRECTOR	DAVE HOPE	758 N. 3440 W.	REXBURG	ID	USA	83440	
DIRECTOR	SALLY SMITH	512 SOUTH MILL HOLLOW RD	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID C 83234		6. Annual Report must be signed.* Signature: Katie Moon Name (type or print): Katie Moon					
		Date: 01/15/2013 Title: Financial Officer					
Processed 01/15/2013 * Electronically provided signatures are accepted as original signatures.							