No. C 176106		Due no later than Dec 31, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO FAMILIES OF ADULTS WITH DISABILITIES INC. VICTOR A LAPORTE 11945 W COMBES PARK DR BOISE ID 83713		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				11945 W C BOISE ID	DEBORAH A CIULLA 11945 W COMBES PARK DR BOISE ID 83713 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		USA ess Addresses o	f President, Secretary, and Directors. Treasure	er (ontional)				
	Name		Street or PO Address	City	State	Country	Postal Code	
	LORI JO POOLE VICTOR F LA PORTE		7615 MCMULLEN ST 11945 W COMBES PARK DR	BOISE BOISE	ID ID	USA USA	83709 83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: V		Date: 01/11/2012				
C 176106		Name (type	or print): Victor F Laporte		Title: Treasurer			
Processed 01/11/2012	* Electronically provided signatures are accepted as original signatures.							