No. <b>C 119905</b>		Due no later than Jun 30, 2010		2. Registered A	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 DIABETES YOUTH PROGRAMS, INC.  DON SCOTT  1701 N 12TH ST  BOISE ID 83702-2713  USA		1701 N 12TH BOISE ID 8	LAURA COLSON 1701 N 12TH BOISE ID 83702  3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ALAN BEAN		872 W. BOGUS VIEW DR.	EAGLE	ID	USA	83616	
DIRECTOR	MATTHEW E	BROWN	16047 WESTFIELD LN	CALDWELL	ID	USA	83607	
DIRECTOR RICHARD CH		HRISTENSEN	2356 PARKSIDE DR	BOISE	ID	USA	83712	
DIRECTOR LAURA COLS		SON	1620 HARRISON BVLD	BOISE	ID	USA	83702	
DIRECTOR	VICKI CUTSHALL		3423 MEADOW DR	BOISE	ID	USA	83706	
5. Organized Under the Laws of: 6. Ar		6. Annual Report must be signed.*						
ID C 119905		Signature: Lisa Gier		Date: 04/19/201	Date: 04/19/2010			
		Name (type or print): Lisa Gier		Title: IDYP Exec	Title: IDYP Executive Director			
Processed 04/19/2010 * Electronically provided signatures are accepted as original signatures.								