No. C 176106		Due no later than Dec 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO FAMILIES OF ADULTS WITH DISABILITIES INC. VICTOR F 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				7615 W MC BOISE ID	LORI JO POOLE 7615 W MCMULLEN ST BOISE ID 83709 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine			f President, Secretary, and Directors. Treasur					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER PRESIDENT	VICTOR F LA PORTE LORI JO POOLE		11945 W COMBES PARK DR 7615 MCMULLEN ST	BOISE BOISE	ID ID	USA USA	83713 83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ъ		Signature: V	ICTOR F LAPORTE		Date: 12/30/2015			
C 176106		Name (type		Title: TREASURER				
Processed 12/30/2015	rocessed 12/30/2015 * Electronically provided signatures are accepted as original signatures.							