No. **C 189648**	**Due no later than Jan 31, 2014**	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.** OCS DROP-IN CENTER, INC. GERI A GOLDSBERRY 2164 HARMONY HEIGHTS LOOP OROFINO ID 83544 USA	GERI GOLDSBERRY 2164 HARMONY HEIGHTS LOOP OROFINO ID 83544 3. New 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	GUY JURGENS	P.O. BOX 1729	OROFINO	ID	USA	83544
TREASURER	SHIRLEY SEELEY	P.O. BOX 1729	OROFINO	ID	USA	83544
DIRECTOR	CYNTHIA CALICO	P.O. BOX 1729	OROFINO	ID	USA	83544
DIRECTOR	LOREE MIDSTOKKE	P.O. BOX 1729	OROFINO	ID	USA	83544
DIRECTOR	MIKE WALK	P.O. BOX 1729	OROFINO	ID	USA	83544
DIRECTOR	DOUG COOPER	P.O. BOX 1729	OEOFINO	ID	USA	83544
PRESIDENT	GERI A GOLDSBERRY	P.O. BOX 1729	OROFINO	ID	USA	83544
SECRETARY	TONCE GRAVES	P.O. BOX 1729	OROFINO	ID	USA	83544
VICE PRESIDENT	SUNNY BALES	P.O. BOX 1729	OROFINO	ID	USA	83544

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 189648**	Signature: Geri A. Goldsberry Name (type or print): Geri A. Goldsberry	Date: 11/21/2013 Title: President/Agent

Processed 11/21/2013

* Electronically provided signatures are accepted as original signatures.