

REINSTATEMENT

No. C 92240 Return to: SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83220 BOISE, ID 83720-0080 FEE DUE 20.00	Annual Report Form 1. Mailing Address - Please Correct, If Not Correct SOUTHEAST IDAHO DUI EDUCATIONAL PROGRAM AND SUBSTANCE ABUSE COUNSELING, INC. JANICE M JENSEN PO BOX 332 BLACKFOOT ID 83221	2. Registered Agent and Office NOT A P.O. BOX JANICE M JENSEN 100W 74N MERKLEY LN PO BOX 332 BLACKFOOT ID 83221 3. Organized Under the Laws of: IDAHO																																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Janice M Jansen</td> <td>P.O. Box 332</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Secretary:</td> <td>Karen Fay Jensen</td> <td>P.O. Box 332</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Directors:</td> <td>Vicki Lee Hendricks,</td> <td>Rt 1 Box 82</td> <td>Moore</td> <td>ID</td> <td>83255</td> </tr> <tr> <td></td> <td>E. Bud Jensen</td> <td>P.O. Box 332</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> <tr> <td></td> <td>Doug Hendricks</td> <td>Rt 1, Box 82</td> <td>Moore</td> <td>ID</td> <td>83255</td> </tr> </tbody> </table>			Office Held	Name	Street or P.O. Address	City	State	Zip	President:	Janice M Jansen	P.O. Box 332	Blackfoot	ID	83221	Secretary:	Karen Fay Jensen	P.O. Box 332	Blackfoot	ID	83221	Directors:	Vicki Lee Hendricks,	Rt 1 Box 82	Moore	ID	83255		E. Bud Jensen	P.O. Box 332	Blackfoot	ID	83221		Doug Hendricks	Rt 1, Box 82	Moore	ID	83255
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5. Signature of New Registered Agent	6. Signature <u>Janice M Jensen</u> Date <u>12-22-97</u> Name (Typed or Printed) <u>Janice M Jensen</u> Title <u>President</u>																																					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- 1.) Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.
NOTE: The name of the business entity cannot be altered on the annual report form.
- 2.) If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- 3.) Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.
 Limited Liability Company: Enter the names and addresses of the managers or members in block 4.
NOTE: Putting "same as last year" WILL NOT be accepted.
- 4.) Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- 5.) Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.
 Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- 6.) If new registered Agent, please sign block 5.

IDAHO SECRETARY OF STATE

12/24/1997 09:00

CK: 313 CT: 91624 BH: 66718

1 @ 20.00 = 20.00 CORP REINS