

No. <b>C 52538</b>		<b>Due no later than Dec 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  WALKER CENTER FOR ALCOHOLISM AND DRUG ABUSE, INC. (THE) TONYA KAY BURG 605 11TH AVE E GOODING ID 83330 USA		DEBORAH THOMAS 605 11TH AVE E GOODING 83330			
						3. <u>New</u> 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	PATRICIA NELSON	401 14TH AVENUE WEST	GOODING	ID	USA	8330	
DIRECTOR	KATE STUART	160 LARKSPUR	TWIN FALLS	ID	USA	83301	
DIRECTOR	PHIL BECKER	PO BOX 456	GOODING	ID	USA	83330	
PRESIDENT	DOUGLAS O SMITH	1850 ELMWOOD RD.	GOODING	ID	USA	83330	
VICE PRESIDENT	MARY BELLE ANDERSON	1928 SOUTH 2100 EAST	GOODING	ID	USA	83330	
DIRECTOR	DONNA PENCE	1960 US HWY 26	GOODING	ID	USA	83330	
5. Organized Under the Laws of:  <b>ID</b> <b>C 52538</b>		6. Annual Report must be signed.*  Signature: Tonya K. Burg Name (type or print): Tonya K. Burg					
		Date: 10/15/2014 Title: Human Resource Director					
Processed 10/15/2014		* Electronically provided signatures are accepted as original signatures.					