No. C 38795		Due no later than Sep 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. EL- ADA, INC COMMUNITY ACTION PARTNERSHIP TIM LOPEZ 701 EAST 44TH, #1 BOISE ID 83714		2. Registered Age	2. Registered Agent and Address (NO PO BOX) TIM LOPEZ 701 EAST 44TH #1 BOISE ID 83714 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				TIM LOPEZ 701 EAST 44TH BOISE ID 837				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treaso	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JAREN WIELAND		1519 W. SHERMAN	BOISE	ID	USA	83702	
VICE PRESIDENT	JOE B. MCNEAL		950 N. 10TH E.	MOUNTAIN HOM	E ID	USA	83647	
TREASURER	ROB TROXELL		PO BOX 262	MARSING	ID	USA	83639	
PRESIDENT	MIKE SANDERS		1735 WESTLAND DR.	BOISE	ID	USA	83704	
DIRECTOR	BILL ELLIS		8565 FAIRVIEW	BOISE	ID	USA	83704	
DIRECTOR	JOHN NICKERSON		4318 CASTLEBAR CT.	BOISE	ID	USA	83703	
SECRETARY	MARCELLA CALDERON		5478 S. MORROW	BOISE	ID	USA	83709	
DIRECTOR	CRYSTAL GO	DRDON	3035 N ASH PARK LN	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 38795		Signature: Wade Hall		Date:	Date: 07/25/2016			
		Name (type or print): Wade Hall		Title:	Title: Fiscal Officer			
Processed 07/25/2016		* Electronically provide	ded signatures are accepted as original	l signatures.				