No. C 119757		Due no later than Jun 30, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed.			EDIE SCHAB 459 LOCUST ST N STE 106 TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		INTERLINK VOLUNTEER CAREGIVERS, INC. EDIE L SCHAB 459 LOCUST ST. N. STE 106						
NO FILING FEE IF RECEIVED BY DUE DATE		TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter N	lames and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	BRENDA GRUPE		2680 MEADOWBROOK DR	TWIN FALLS	ID	USA	83301	
DIRECTOR	TAMIE SUDIK		992 BOSERO WAY	TWIN FALLS	ID	USA	83301	
DIRECTOR	ELLEN VANDEWATER		PO BOX 715	TWIN FALLS	ID	USA	83301	
PRESIDENT	TAMARA STRICKER		767 MEADOWS DR	TWIN FALLS	ID	USA	83301	
VICE PRESIDENT	PAIGE HENDERSON		630 ADDISON AVE W #1600	TWIN FALLS	ID	USA	83301	
SECRETARY	NANCY DUNCAN		502 DIAMOND DR	KIMBERLY	ID	USA	83341	
DIRECTOR	TAMI GOODING		800 FALLS AVE #1	TWIN FALLS	ID	USA	83301	
DIRECTOR	ROGER HINTON		1632 RICHMOND DR	TWIN FALLS	ID	USA	83301	
DIRECTOR	ALICIA JACK	SON	530 RIMVIEW DR	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Edie Schab		Date: 06/	Date: 06/22/2017			
C 119757		Name (type or print): Edie Schab Title: Executive Director						
Processed 06/22/2017		* Electronically p	rovided signatures are accepted as original s	signatures.				