

No. C 105626		Due no later than Mar 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LEMHI COUNTY CRISES INTERVENTION, INC. DENISE M BENDER THE MAHONEY FAMILY SAFETY CTR 901 MAIN ST SALMON ID 83467 USA		DENISE M BENDER 901 MAIN ST SALMON ID 83467			
NO FILING FEE IF RECEIVED BY DUE DATE				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	TOM MAAS	510 LENA	SALMON	ID	USA	83467	
DIRECTOR	LYNDA POWERS	3 HUGH LANE	SALMON	ID	USA	83467	
DIRECTOR	BECKY RICE	1006 CLEVELAND	SALMON	ID	USA	83467	
DIRECTOR	LOIS BLACKADAR	P.O. BOX 321	SALMON	ID	USA	83467	
TREASURER	JANA EAGLE	17 BLUE CAMAS RD.	SALMON	ID	USA	83467	
DIRECTOR	GARY MOORE	P.O. BOX 33	NORTH FORK	ID	USA	83466	
DIRECTOR	SANDRA BILLS	BOX 523	SALMON	ID	USA	83467	
PRESIDENT	LUCY LITTLEJOHN	P.O. BOX 193	CARMEN	ID	USA	83462	
DIRECTOR	PATRICIA BURKE	#12 CHAPMAN LANE	BOISE	ID	USA	83716	
DIRECTOR	MARY HOGUE-CERISE	56 WHITING	SALMON	ID	USA	83467	
5. Organized Under the Laws of: ID C 105626		6. Annual Report must be signed.* Signature: Denise M. Bender Name (type or print): Denise M. Bender					
		Date: 01/15/2011 Title: Executive Director					
Processed 01/15/2011 * Electronically provided signatures are accepted as original signatures.							