

No. C 119905		Due no later than Jun 30, 2011		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO DIABETES YOUTH PROGRAMS, INC. DON SCOTT 1701 N 12TH ST BOISE ID 83702-2713 USA		LAURA COLSON 1701 N 12TH BOISE ID 83702		
				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	DON SCOTT	1701 N. 12TH ST.	BOISE	ID	USA	83702
DIRECTOR	LYNN GIESLER	9493 CHADWICK DRIVE	BOISE	ID	USA	83704
DIRECTOR	NATALIE BENNION DELRIO	2621 SPENCER RD	CHEVY CHASE	MD	USA	20815
DIRECTOR	ALAN BEAN	872 W. BOGUS VIEW DR.	EAGLE	ID	USA	83616
DIRECTOR	MATTHEW BROWN	16047 WESTFIELD LN	CALDWELL	ID	USA	83607
DIRECTOR	RICHARD CHRISTENSEN	2356 PARKSIDE DR	BOISE	ID	USA	83712
DIRECTOR	LAURA COLSON	1620 HARRISON BVLD	BOISE	ID	USA	83702
DIRECTOR	VICKI CUTSHALL	3423 MEADOW DR	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID C 119905		6. Annual Report must be signed.* Signature: Lisa Gier Name (type or print): Lisa Gier Date: 04/26/2011 Title: Executive Director				
Processed 04/26/2011		* Electronically provided signatures are accepted as original signatures.				