

No. C 200989		Due no later than Jan 31, 2015		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. ADVOCATES FOR INDEPENDENCE INC SHAWN JOHANSSON PO BOX 1429 IDAHO FALLS ID 83404		ROBYNN HOWELL 1570 MIDWAY AVE #1 AMMON 83406	
				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	SHAWN JOHANSSON	360 12TH ST	IDAHO FALLS	ID	83403
DIRECTOR	ANDY CROSSMAN	527 N LEWIS LN	RIGBY	ID	83442
5. Organized Under the Laws of: ID C 200989		6. Annual Report must be signed.* Signature: Shawn Johansson Name (type or print): Shawn Johansson Date: 11/24/2014 Title: Director			
Processed 11/24/2014		* Electronically provided signatures are accepted as original signatures.			