No. C 59360		Due no later than Sep 30, 2011		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			NICOLE SIRAK 3010 W STATE ST #104 BOISE ID 83703			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		FAMILY ADVOCATE PROGRAM, INC. NICOLE SIRAK 3010 W STATE ST #104 BOISE ID 83703 USA		BOISE ID				
				3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nan	nes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	TERRIE HAVIS		608 E. WHITNEY CT.	EAGLE	ID	USA	83616	
TREASURER CORDELL CHI			1087 W. RIVER ST., STE 310	BOISE	ID	USA	83702	
DIRECTOR DEVIN PIERCE			250 S. 5TH ST., 2ND FLOOR	BOISE	ID	USA	83702	
PRESIDENT	HEIDI BOGEF	RT DORNIER	1257 E. GETTYSBURG	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 59360		Signature: Gene C. Daniels		Da	Date: 07/19/2011			
		Name (type or print): Gene C. Daniels		Tit	Title: Finance Manager			
Processed 07/19/2011	77/19/2011 * Electronically provided signatures are accepted as original signatures.							