

No. C 201490	Due no later than Mar 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		JERI GOWEN 13574 PAOLETTI CALDWELL ID 83607			
	PREVENTION ASSOCIATES OF CALDWELL, INC. JERI GOWEN 13574 PAOLETTI CALDWELL ID 83607		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	JERILYN GOWEN	13574 PAOLETTI	CALDWELL	ID		83607
DIRECTOR	JOSEPH PALMER	16599 OLD FRIENDSHIP WAY	CALDWELL	ID		83607
DIRECTOR	JOY HUSMANN	3402 FRANKLIN RD	CALDWELL	ID		83605
PRESIDENT	CELIA ASUMENDI	16960 GOODSON RD	CALDWELL	ID		83607
SECRETARY	KELLY REINIER	18180 SPICEBUSH AVE	NAMPA	ID		83687
DIRECTOR	MARY ANN VANDE BRAKE	3520 WHEELER CIR	NAMPA	ID		83686
TREASURER	DEBI ANN JENSEN	17020 HOMEDALE RD	CALDWELL	ID		83607
5. Organized Under the Laws of: ID C 201490	6. Annual Report must be signed.*		Signature: Jerilyn Gowen			
			Date: 02/29/2016			
			Name (type or print): Jerilyn Gowen		Title: Clinical Director	
Processed 02/29/2016		* Electronically provided signatures are accepted as original signatures.				