

No. C101408	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ★ FIRST NOTICE ★	1. Mailing Address - Please Correct, If Not Correct EVALUATIVE & THERAPEUTIC SER C BEN MCCONNELL 339 N ALLUMBAUGH BOISE ID 83704		C BEN MCCONNELL 339 N ALLUMBAUGH BOISE ID 83704 3. Organized Under the Laws of: ID C101408													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>C. Ben McConnell</td> <td>339 N. Allumbaugh</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	C. Ben McConnell	339 N. Allumbaugh	Boise	ID	83704
Office held	Name	Street or P.O. Address	City	State	Zip											
President	C. Ben McConnell	339 N. Allumbaugh	Boise	ID	83704											
5. NATURE OF BUSINESS COUNSELING	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>C. Ben McConnell</u> Date <u>7/15/96</u> Name (Typed or Printed) <u>C. Ben McConnell</u> Title <u>President</u>															

ISSUED: 07-06-1996

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