

No. C116099	Annual Report Form <i>Due No Later Than November 30,</i>		1997	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		TRACY KOFOED 795 OPAL BLACKFOOT ID 83221																										
	CEDAR SPRINGS YOUTH HOMES, I TRACY KOFOED PO BOX 757		3. Organized Under the Laws of: ID C116099																										
	BLACKFOOT ID 83221																												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Tracy kofoed</td> <td>795 opal st.</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Director</td> <td>David Peters</td> <td>557 stout st.</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Secretary</td> <td>Leona kofoed</td> <td>795 opal st.</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> </tbody> </table>						Office held	Name	Street or P.O. Address	City	State	Zip	President	Tracy kofoed	795 opal st.	Blackfoot	ID	83221	Director	David Peters	557 stout st.	Blackfoot	ID	83221	Secretary	Leona kofoed	795 opal st.	Blackfoot	ID	83221
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ISSUED 07-04-1997

(DO NOT TAPE OR STAPLE)

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