No. C 61958		Due no later than Aug 31, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. DOMESTIC VIOLENCE SEXUAL ASSAULT CENTER INCORPORATED MARY L HATCH COMPLEX 1050 MEMORIAL DRIVE IDAHO FALLS ID 83402		2. Registered Age	2. Registered Agent and Address (NO PO BOX) TEENA MCBRIDE 1050 MEMORIAL DR IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1050 MEMORI IDAHO FALLS				
4. Corporations: Enter	Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ELLIE HAMP	TON	586 SAFESTROM PLACE	IDAHO FALLS	ID	USA	83402	
DIRECTOR	ALISA PRUDENT		605 N. CAPITAL AVENUE	IDAHO FALLS	ID	USA	83402	
DIRECTOR	SHEILA COOPER		194 10TH STREET	IDAHO FALLS	ID	USA	83404	
DIRECTOR	BARBARA WALSH		325 LA COSTA DRIVE	IDAHO FALLS	ID	USA	83401	
DIRECTOR	KRIS STANGER		3589 SUN CIRCLE	IDAHO FALLS	ID	USA	83404	
DIRECTOR	ANNE O' BYRNE		3541 NATHAN PLACE	IDAHO FALLS	ID	USA	83404	
DIRECTOR	ALICE PIKE		P.O. BOX 2949	IDAHO FALLS	ID	USA	83403	
DIRECTOR	JO ANNA STENZEL		6305 RED RAOCK DRIVE	IDAHO FALLS	ID	USA	83401	
SECRETARY	DAVID FRY		1055 AUSTIN	IDAHO FALLS	ID	USA	83404	
TREASURER	DOUG WINCHESTER		3456 17TH STREET	IDAHO FALLS	ID	USA	83406	
PRESIDENT	LORI PRIEST	Γ	1343 HERRING STREET	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: 6. Ar		6. Annual Report must be signed.*						
ID		Signature: Teena McBride Date: 09/09/2009						
C 61958		Name (type or print): Teena McBride Title: Executive Director						
Processed 09/09/2009		* Electronically pro	vided signatures are accepted as original	signatures.		_		