The state of the s	_ Annual Report Form 1	004 00		
Return to:	— Due No Later Than November 30,	998 2. Registered Agent and O	ffice NOT A P.O. BOX	
SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct	SOPHIA ARM	BRUSTER	
100 WEST JEFFERSON	WALLACE SENTOR BOOK	474	621 CEDAR STREET	
PO BOX 83720	WALLACE SENIOR DROP-IN CEN COORDINATOR	TE		
BOISE, ID 83720-0080		WALLACE	ID 83873	
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* FIRST NOTICE *	P 0 80X 885	3. Organized Under the La	ws of:	
	WALLACE ID 83873	1	i.	
Corporations: Enter Names and	Rusings Addus		c 77843	
Limited Liability Companies: En	ter Names and Addresses of President, Secretary and Directors of Managers or Men	ors mbers (check one)		
Office held Name		Tipers (check one)		
Condent man &	Street or P.O. Address	<u>City</u> Sta	sto T	
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	Name (Typed or Sophia Ftyn b	to ob.	'/	
ISSUED: 07-03-19	Printed)	PUSTEP Title Trea	SUVEY	
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