

No. C113022	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	1. Mailing Address - Please Correct, If Not Correct IDAHO ALCOHOL/DRUG COUNSELOR CONNIE SEARLES 2419 WEST STATE ST #5	CONNIE SEARLES 2419 WEST STATE ST #5 BOISE ID 83702	
* FIRST NOTICE *	BOISE ID 83702	3. Organized Under the Laws of: ID C113022	
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
PRESIDENT	ART PHELPS	151 N. 300, #106	POCATELLO ID 83201
ED. COM. CHAIR	LYLA MILL	815 PARK BLVD., #810	BOISE ID 83712
ETIMES COMM. CHAIR	PATRICK KNEESLA	1118 W. BOISE AVE.	BOISE ID 83706
5. NATURE OF BUSINESS CERTIFY DRUG COUNSELORS		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>Connie M. Searles</u> Date <u>7/16/96</u> Name (Typed or Printed) _____ Title <u>Sec Dir</u>	

ISSUED: 07-06-1996

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