

No. C113022	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX CONNIE SEARLES 2419 WEST STATE ST #5 BOISE ID 83702
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 IDAHO ALCOHOL/DRUG COUNSELOR CONNIE SEARLES 2419 WEST STATE ST #5 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 W. 3RD, #106	POCATELLO
ED. COM. CHAIR	LYLA HILL	815 PARK BLVD., #310	BOISE
EDUC. COM. CHAIR	PATRICK NEESER	1115 W. BOISE AVE.	BOISE
			ID 83201
			ID 83712
			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><i>Connie M. Searles</i></u> Date <u><i>7/16/96</i></u> Name (Typed or Printed) _____ Title <u><i>Epic Dir</i></u>	

ISSUED: 07-06-1996

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