NO. C 80210

Annual Report Form

Due No Later Than November 30, 1997

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

** FINAL NOTICE **

1. Mailing Address - Please Correct, If Not Correct

POCATELLO CHILDREN AND ADOLE

~~527 S. 12TH AVE.~~
500 11th Ave
POCATELLO ID ~~83201~~ 83205

2. Registered Agent and Office NOT A P.O. BOX

~~CHRIS CROCKETT~~ Deanna Ross
~~527 S. 12TH AVE.~~
500 S. 11th Ave
POCATELLO ID 83205 ~~83201~~

3. Organized Under the Laws of:

ID C 80210

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)

Office held	Name	Street or P.O. Address	City	State	Zip
Owner	Creighton Hardin	16079 Old Ranch Rd	Pocatello	Id	83201
Owner	Lloyd Jensen	3560 Augusta	Pocatello	Id	83204
Owner	Maureen Mack	24359 So Hwy 91	Downey	Id	83234
Owner	Don McIntuff	157 So. 18th	Pocatello	Id	83201
Owner	Jan Woodman	71 Stanford	Pocatello,	Id	83201

5. Owner

6. Signature Deanna Ross for Pocatello Children & Adolescent Clinic Date 12/10/97

Name (Typed or Printed) Deanna Ross Title Administrator

ISSUED: 10-04-1997

DO NOT TAPE OR STAPLE

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