No. <b>C 184634</b>		Due no later than Sep 30, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SQUIRE FAMILY EDUCATION FOUNDATION, INC. JACKYE A SQUIRE 2431 14TH AVE LEWISTON ID 83501 USA		2. Registered Age	2. Registered Agent and Address (NO PO BOX)  JACKYE A SQUIRE 2431 14TH AVE LEWISTON 83501  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								
				LEWISTON				
				3. <u>New</u> Registere				
4. Corporations: Enter	Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	TAMMY L G		7414 VENICE DRIVE	CORPUS CHRIST		USA	78413	
DIRECTOR VICE PRESIDENT	JACKYE A S JACKYE A S	•	2431 14TH AVE 2431 14TH AVE	LEWISTON LEWISTON	ID ID	USA USA	83501 83501-9311	
PRESIDENT	TAMMY L G	ERBERDING	7414 VENICE DRIVE	CORPUS CHRIST	T TX	USA	78413-9311	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jackye A. Squire		Date: 10/06/2	Date: 10/06/2014			
C 184634		Name (type or print): Jackye A. Squire		Title: Vice Pr	Title: Vice President/Treasurer			
Processed 10/06/2014		* Electronically pro	ovided signatures are accepted as origina	al signatures.				