No. C 197538		Due no later than Feb 28, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SABRINE HU	SABRINE HUME FERRIS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF		1. Mailing Address: Correct in this box if needed. LIFESKILLS RANCH PROGRAM, INC. SABRINA HUME FERRIS 1967 ALDER CREEK LP RD ST MARIES ID 83861		ST MARIES	1967 ALDER CREEK LP RD ST MARIES ID 83861 3. New Registered Agent Signature:*			
RECEIVED BY 4 Corporations: Enter		ess Addresses of Pr	esident, Secretary, and Directors. Treasi	urer (ontional)				
Office Held	Name	1000 / taar 00000 01 11	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	NICHOLAS F	ERRIS	1967 ALDER CREEK LP RD	ST MARIES	ID	USA	83861	
DIRECTOR SALLY TURN		NER	1967 ALDER CREEK LP RD	ST MARIES	ID	USA	83861	
DIRECTOR	RECTOR JUDY MUHS		1967 ALDER CREEK LP RD	ST MARIES	ID	USA	83861	
DIRECTOR	SABRINE HU	JME FERRIS	1967 ALDER CREEK LP RD	ST MARIES	ID	USA	83861	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 197538		Signature: Sabrina H. Ferris		Date	Date: 03/21/2014			
		Name (type or print): Sabrina H. Ferris		Title	Title: Registered Agent			
Processed 03/21/2014	4	* Electronically pro	vided signatures are accepted as original	l signatures.				