

No. <b>C 163929</b>		<b>Due no later than Dec 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> ONEIDA CRISIS CENTER, INC. CAROL J. CAULFORD 10 COURT STREET MALAD ID 83252 USA		CAROL CAULFORD 1260 S 2100 W MALAD ID 83252		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	KEN NIGHTINGALE	260 W 500 N	MALAD CITY	ID	USA	83252
DIRECTOR	AMBER WARD	224 NORTH MAIN STREET	MALAD CITY	ID	USA	83252
DIRECTOR	BRENT EVANSON	381 N. MAIN	MALAD	ID	USA	83252
DIRECTOR	MARCI STOCKS	224 N. 100 W.	MALAD	ID	USA	83252
DIRECTOR	MONICA GREEN	4765 WEST HIGHWAY 38	MALAD	ID	USA	83252
DIRECTOR	MIKE ARD	1462 S. 4600 W.	MALAD	ID	USA	83252
DIRECTOR	TRUDY MCMURTREY	99 REYNOLDS	MALAD	ID	USA	83252
SECRETARY	SUE EVANS	449 N. MAIN	MALAD	ID	USA	83252
PRESIDENT	BRENDA WINDER	1212 W. 1000 N.	MALAD	ID	USA	83252
DIRECTOR	JOANNE HIRASE-STACEY	11135 N. MALAD SUMMIT	MALAD	ID	USA	83252
5. Organized Under the Laws of:  <b>ID C 163929</b>		6. Annual Report must be signed.* Signature: Shelly Allen Name (type or print): Shelly Allen Date: 10/12/2010 Title: Chief Financial Officer				
Processed 10/12/2010		* Electronically provided signatures are accepted as original signatures.				