

No. <b>C 50950</b>		Due no later than Feb 29, 2012		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> AREA 4 PLANNING AND SERVICES COUNCIL ON AGING, INC. JAMES R FIELDS BOX 1238 TWIN FALLS ID 83303-1238 USA		JAMES R FIELDS 301 FALLS AVE TWIN FALLS ID 83301		
				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
SECRETARY	LINDA CULVER	1341 FILLMORE, SUITE 202	TWIN FALLS	ID	USA	83301
PRESIDENT	MARGIE ALEXANDER	308 SHOSHONE ST. E., SUITE 2	TWIN FALLS	ID	USA	83301
DIRECTOR	BARBARA URIE	P.O. BOX 432	FILER	ID	USA	83328
DIRECTOR	LYNN HUGHES	495 MEADOWS LANE	TWIN FALLS	ID	USA	83301
DIRECTOR	JACQUELINE WHITING	2913 E 3600 N, #69	TWIN FALLS	ID	USA	83301
DIRECTOR	TAMARA STRICKER	1445 FILLMORE ST, SUITE 1104	TWIN FALLS	ID	USA	83301
DIRECTOR	CAROLE STENNETT	1389 CANYONVIEW LANE	BUHL	ID	USA	83316
DIRECTOR	VERNE SNODGRASS	1998 CANDLERIDGE ROAD	TWIN FALLS	ID	USA	83301
DIRECTOR	MIKE MATHEWS	1411 FALLS AVE. E, SUITE 201	TWIN FALLS	ID	USA	83301
DIRECTOR	BERDELL LESNESKI	3403 S 1900 E	WENDELL	ID	USA	83355
DIRECTOR	LINDA CULVER	1341 FILLMORE, SUITE 202	TWIN FALLS	ID	USA	83301
DIRECTOR	CYNTHIA CADDY	1437 FILLMORE ST	TWIN FALLS	ID	USA	83301
DIRECTOR	WILL BUHLER	PO BOX 2641	TWIN FALLS	ID	USA	83303
DIRECTOR	DARWIN BOYLE	545 SUNRISE BLVD. N	TWIN FALLS	ID	USA	83301
DIRECTOR	NORMA BLASS	2122 E 4400 N	FILER	ID	USA	83328
DIRECTOR	MARGIE ALEXANDER	308 SHOSHONE ST EAST, SUITE 2	TWIN FALLS	ID	USA	83301
DIRECTOR	TERESA HELICKSON	715 14TH AVENUE N	BUHL	ID	USA	83316
DIRECTOR	NANCY GERRARD	P.O. BOX 1043	BURLEY	ID	USA	83318
DIRECTOR	DICK BOYD	598 BOXWOOD DRIVE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID C 50950</b>		6. Annual Report must be signed.* Signature: James R. Fields Name (type or print): James R. Fields Date: 12/14/2011 Title: Agent/Director				
Processed 12/14/2011		* Electronically provided signatures are accepted as original signatures.				