

No. <b>C 83234</b>		<b>Due no later than Feb 29, 2016</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  FAMILY CRISIS CENTER, INC. MARGIE HARRIS PO BOX 422 REXBURG ID 83440-3510		MARGIE HARRIS 16 E MAIN ST REXBURG ID 83440			
						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	CATHY HARDING	3605 E 600 N	MENAN	ID	USA	83434	
DIRECTOR	CAROL GNEITING	PO BOX 243	NEWDALE	ID	USA	83436	
DIRECTOR	DAVE HOPE	758 N 3440 W	REXBURG	ID	USA	83440	
TREASURER	MELANEE SUTTON	2327 W 1000 N	REXBURG	ID	USA	83440	
VICE PRESIDENT	JEREMY COOLEY	520 W 7TH S. # 110	REXBURG	ID	USA	83440	
DIRECTOR	MIKE COURTNEY	219 S. AUSTIN AVE	SUGAR CITY	ID	USA	83440	
DIRECTOR	MARGIE HARRIS	PO BOX 826	REXBURG	ID	USA	83440	
DIRECTOR	TROY RASMUSSEN	127 E MAIN ST STE A-2	REXBURG	ID	USA	83440	
SECRETARY	KATIE MOON	403 N 3826 E	RIGBY	ID	USA	83442	
DIRECTOR	DEBBIE KUNZ	7 NORTH BRIDGE ST	ST. ANTHONY	ID	USA	83445	
DIRECTOR	PAULA ARNOLD	21 N PINE AVE	SUGAR CITY	ID	USA	83448	
PRESIDENT	LAURIE JOHNSON	518 W 2ND N	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:  <b>ID</b> <b>C 83234</b>		6. Annual Report must be signed.*  Signature: Katie Moon Name (type or print): Katie Moon  Date: 01/04/2016 Title: Financial Officer					
Processed 01/04/2016 * Electronically provided signatures are accepted as original signatures.							