

No. C 83234		Due no later than Feb 29, 2016		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. 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: ID C 83234		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.				