

No. <b>C 39069</b>		<b>Due no later than Dec 31, 2007</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>  ALCOHOLIC REHABILITATION ASSOCIATION, INC. JOHN W GASKILL 163 EAST ELVA IDAHO FALLS ID 83402		JOHN W GASKILL 163 EAST ELVA STREET IDAHO FALLS ID 83402			
						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	MAXINE ANDERSON	230 W 2ND SOUTH ST	RIGBY	ID	USA	83442	
DIRECTOR	GEORGE PETERSON	485 E STREET	IDAHO FALLS	ID	USA	83402	
DIRECTOR	FORDE JOHNSON	PO BOX 51390	IDAHO FALLS	ID	USA	83405	
DIRECTOR	JOHN GASKILL	495 TENDOY	IDAHO FALLS	ID	USA	83401-4135	
SECRETARY	CONNIE CARLSON	877 FLORA CIRCLE	IDAHO FALLS	ID	USA	83401	
PRESIDENT	DOYLE OTTESON	3989 N 5000 E	SUPAR CITY	ID	USA	83448	
5. Organized Under the Laws of:  <b>ID</b> <b>C 39069</b>		6. Annual Report must be signed.*  Signature: John Gaskill Name (type or print): John Gaskill					
		Date: 11/26/2007 Title: Executive Director					
Processed 11/26/2007		* Electronically provided signatures are accepted as original signatures.					