

No. C 39069		Due no later than Dec 31, 2007 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. 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 TENDRY	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: ID C 39069		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.					