

No. C 113022

Due no later than December 31, 2004
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address Correct in this box, if applicable

IDAHO ALCOHOL/DRUG COUNSELOR CERTIF
CONNIE SEARLES
270 N 27TH ST STE B
BOISE, ID 83702

CONNIE SEARLES
2419 WEST STATE ST #5
BOISE, ID 83702

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

| Office held | Name | Street or P.O. Address | City | State | Zip |
|-------------|--------------|------------------------|-----------|-------|-------|
| PRES. | CINDY HANSEN | 1787 DELMAR | POCAHONTO | ID | 83201 |
| SECRETARY | PAT NEESER | 5440 FRANKLIN RD | BOISE | ID | 83705 |

5. Organized Under the Laws of:

IDAHO
C 113022

6.

Signature

Date

10/7/04

Name (Typed or Printed)

SUZANNE JOHNSON

Title

EXEC. ASST.