

No. C 83234		Due no later than Feb 28, 2009 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		1. Mailing Address: Correct in this box if needed. FAMILY CRISIS CENTER, INC. MARGIE HARRIS PO BOX 422 REXBURG ID 83440		MARGIE HARRIS 218 DIVIDEND DR STE 5 REXBURG ID 83440			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
PRESIDENT	RON BALL	2629 W 1000 S	REXBURG	ID	USA	83440	
SECRETARY	DEREK LARSON	438 W. MAIN ST. APT. 229	REXBURG	ID	USA	83440	
DIRECTOR	TROY EVANS	PO BOX 350	REXBURG	ID	USA	83440	
DIRECTOR	BRAND HATHAWAY	321 N CENTER	ST. ANTHONY	ID	USA	83445	
DIRECTOR	BRYCE OWEN	259 MELANIE DRIVE	REXBURG	ID	USA	83440	
DIRECTOR	ALANA LERWILL	957 N 16TH E	SUGAR CITY	ID	USA	83448	
DIRECTOR	MATT ZOLLINGER	218 DIVIDEND DR.	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID C 83234		6. Annual Report must be signed.* Signature: Margie Harris Name (type or print): Margie Harris					
		Date: 01/06/2009 Title: Executive Director					
Processed 01/06/2009 * Electronically provided signatures are accepted as original signatures.							