No. C 184634  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Sep 30, 2012 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SQUIRE FAMILY EDUCATION FOUNDATION, INC. ORIN L SQUIRE 12225 GRAND AVE OROFINO ID 83544-9311 USA		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)  ORIN L SQUIRE 12225 GRAND AVE OROFINO ID 83544-9311  3. New Registered Agent Signature:*			
				ORIN L SQUI				
				2000 CONT. 2000 CONT. 2000 CONT.				
				3. <u>New</u> Registere				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	TAMMY L G		7414 VENICE DRIVE	CORPUS CHRIS		USA	78413	
DIRECTOR	Jackye a squire leonard Laura L Meier Orin L squire		2431 14TH AVE	LEWISTON	ID	USA	83501	
DIRECTOR			12225 GRAND AVE	OROFINO	ID	USA	83544-9311	
DIRECTOR			12225 GRAND AVE	OROFINO	ID	USA	83544-9311	
TREASURER		QUIRE LEONARD	2431 14TH AVE	LEWISTON	ID	USA	83501	
SECRETARY	TAMMY L GERBERDING		7414 VENICE DRIVE	CORPUS CHRIS	TI TX	USA	78413	
PRESIDENT	ORIN L SQL	JIRE	12225 GRAND AVE	OROFINO	ID	USA	83544-9311	
5. Organized Under the Laws of: 6. Annua		6. Annual Report mu	st be signed.*					
ID		Signature: Orin L.Squire			Date: 07/13/2012			
C 184634		Name (type or print): Orin L.Squire			Title: President			
Processed 07/13/2012		* Electronically provide	ded signatures are accepted as origina	al signatures.				