

No. C 52538		Due no later than Dec 31, 2011		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		Annual Report Form		JOHN P COLMORE JR 605 11TH AVE EAST GOODING ID 83330		
		1. Mailing Address: Correct in this box if needed. WALKER CENTER FOR ALCOHOLISM AND DRUG ABUSE, INC. (THE) 605 11TH AVE E GOODING ID 83330 USA		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	KATE STUART	160 LARKSPUR	TWIN FALLS	ID	USA	83301
DIRECTOR	JOHN J WALKER	2330 E. BRIGANTINE DR.	EAGLE	ID	USA	83616
SECRETARY	JOHN P COLMORE	605 11TH AVE. E.	GOODING	ID	USA	83330
DIRECTOR	LITA WEST	PO BOX 100	CAREY	ID	USA	83320
DIRECTOR	PHIL BECKER	PO BOX 456	GOODING	ID	USA	83330
DIRECTOR	DOUGLAS O SMITH	1850 ELMWOOD RD.	GOODING	ID	USA	83330
DIRECTOR	EARL REED	2576 HWY 25	HAZELTON	ID	USA	83335
PRESIDENT	SAM YOST	PO BOX 5132	KETCHUM	ID	USA	83340-5132
5. Organized Under the Laws of: ID C 52538		6. Annual Report must be signed.* Signature: John P. Colmore, Jr Name (type or print): John P. Colmore, Jr		Date: 10/10/2011 Title: Ceo		
Processed 10/10/2011		* Electronically provided signatures are accepted as original signatures.				