

No. C 192878		Due no later than Nov 30, 2013 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. LIFES BALANCE ALTERNATIVE LIFE SKILLS LEARNING FACILITY COMPANY MELODIE MCBRIDE 1309 MOJAVE STREET IDAHO FALLS ID 83404 USA		MELODIE MCBRIDE 1309 MOJAVE STREET IDAHO FALLS ID 83404			
						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	KATHRYN A SJODIN	4807 RIVERFRONT PL	BOISE	ID	USA	83714	
DIRECTOR	NORMAN S SJODIN	4807 RIVERFRONT PL	BOISE	ID	USA	83714	
5. Organized Under the Laws of: ID C 192878		6. Annual Report must be signed.* Signature: Melodie McBride Name (type or print): Melodie McBride					
Processed 09/24/2013		Date: 09/24/2013 Title: Registered Agent * Electronically provided signatures are accepted as original signatures.					