

No. C 113022	Due no later than Dec 31, 2010 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. IDAHO ALCOHOL/DRUG COUNSELOR CERTIFICATION, INC. CONNIE SEARLES PO BOX 1548 MERIDIAN ID 83680 USA	CHRIS DANIEL 66 N HASTINGS DR NAMPA ID 83687
		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
PRESIDENT	MARY CHRISTY	530 W. 24TH ST.
SECRETARY	PAT NEESER	5440 FRANKLIN RD.
DIRECTOR	TED WENZEL	2165 PATRICIA AVE.
		City
		State
		Country
		Postal Code
		BURLEY
		BOISE
		BOISE
		ID
		ID
		ID
		USA
		USA
		USA
		83318
		83705
		83704
5. Organized Under the Laws of: ID C 113022	6. Annual Report must be signed.* Signature: Chris Daniel Name (type or print): Chris Daniel	
Processed 11/22/2010		Date: 11/22/2010 Title: Exec. Director
* Electronically provided signatures are accepted as original signatures.		