

|  |            |   |       |  |         |                  |  |
|--|------------|---|-------|--|---------|------------------|--|
| No. <b>C 182159</b>  |            | <b>Due no later than Feb 29, 2012</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>CERTIFIED FAMILY HOME OF EAGLE, INC.<br>ELAINE TAFOYA<br>125 E STONEWATER CT<br>EAGLE ID 83616 |       | ELAINE TAFOYA<br>125 E STONEWATER CT<br>EAGLE ID 83616 |         |                  |  |
|  |            |   |       | 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   | TOM TAFOYA | 125 E STONEWATER CT   | EAGLE | ID   | USA     | 83616            |  |
| 5. Organized Under the Laws of:  |            | 6. Annual Report must be signed.*   |       |  |         |                  |  |
| <b>ID<br/>C 182159</b>   |            | Signature: Tom Tafoya   |       |  |         | Date: 02/27/2012 |  |
|  |            | Name (type or print): Tom Tafoya  |       |  |         | Title: Director  |  |
| Processed 02/27/2012   |            | * Electronically provided signatures are accepted as original signatures.   |       |  |         |                  |  |