No. C 195349		Due no later than Jul 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CASSANDRA WENNER			
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. ELMORE COUNTY FRIENDS FOR RECOVERY COUNCIL, INC. CASSANDRA WENNER 280 E 5TH N #167 MOUNTAIN HOME ID 83647		1354 SW VERA ST. MOUNTAIN HOME ID 83647			
							3. <u>New</u> Registered Agent Signature:*
				1. Corporations: Ent	er Names and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasure
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MICHAEL J	CRAWFORD	580 N 8TH E	MOUNTAIN HOM	E ID	USA	83647
DIRECTOR	JANE JETLE	(218 NE DOMINGO COURT	MOUNTAIN HOM	E ID	USA	83647
DIRECTOR SANDRA SE			1059 SADDLERIDGE	MOUNTAIN HOM		USA	83647
DIRECTOR TAMMY BRA			1885 STONE TREE DR	MOUNTAIN HOM	E ID	USA	83647
DIRECTOR CHRISTINE V		WATSON	435 S 10TH E	MOUNTAIN HOM	E ID	USA	83647
DIRECTOR	VICKIE BERN	MENSOLO	455 E 18TH N	MOUNTAIN HOM	E ID	USA	83647
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Jane Jetley		Date: 07/24/2015			
C 195349		Name (type or print): Jane Jetley		Title: Treasurer			
Processed 07/24/20:	15	* Electronically prov	ided signatures are accepted as original signal	gnatures.	•		