

INSTRUCTIONS ON REVERSE SIDE

No. 71929	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX MARIE GOSKY Colleen Nadauld 545 SHOUP AVE. IDAHO FALLS ID 83402																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i> HELP, INC. COLLEEN NADAULD 545 SHOUP AVE., SUITE 330 IDAHO FALLS ID 83402 0000		3. Incorporated Under The Laws of ID NO: 071929																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>tim Fowler</td> <td>Box 43</td> <td>Ririe</td> <td>Idaho</td> <td>83443</td> </tr> <tr> <td>Secretary:</td> <td>Laverne Fisher</td> <td>545 Shoup Av. Suite #330</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83402</td> </tr> <tr> <td>Directors:</td> <td>Colleen Nadauld</td> <td>545 Shoup Av. Suite #330</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83402</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	tim Fowler	Box 43	Ririe	Idaho	83443	Secretary:	Laverne Fisher	545 Shoup Av. Suite #330	Idaho Falls	Idaho	83402	Directors:	Colleen Nadauld	545 Shoup Av. Suite #330	Idaho Falls	Idaho	83402
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5. Nature of Business <i>child abuse prevention program</i>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table> <tr> <td>Signature</td> <td><i>Colleen Nadauld</i></td> <td>Date</td> <td><i>12-7-91</i></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Colleen Nadauld</td> <td>Title</td> <td><i>Exec. Director</i></td> </tr> </table>			Signature	<i>Colleen Nadauld</i>	Date	<i>12-7-91</i>	Name (Typed or Printed)	Colleen Nadauld	Title	<i>Exec. Director</i>																
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