No. <b>C 52538</b>		Due no later than Dec 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DEBORAH T				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WALKER CENTER FOR ALCOHOLISM AND DRUG ABUSE, INC (THE) TONYA KAY BURG 605 11TH AVE E GOODING ID 83330		GOODING II	605 11TH AVE E GOODING ID 83330  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		333310 2 3333						
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	KATE STUART		160 LARKSPUR	TWIN FALLS	ID	USA	83301	
DIRECTOR	PHIL BECKER		PO BOX 456	GOODING	ID	USA	83330	
DIRECTOR	DIRECTOR DOUGLAS O SMITH		1850 ELMWOOD RD.	GOODING	ID	USA	83330	
PRESIDENT MARY BELLE ANDERSO		ANDERSON	1928 SOUTH 2100 EAST	GOODING	ID	USA	83330	
DIRECTOR DONNA PENCE		CE	1960 US HWY 26	GOODING	ID	USA	83330	
VICE PRESIDENT	401 14TH AVENUE WEST	GOODING	ID	USA	08330			
5. Organized Under the Laws of: 6. /		6. Annual Report must be signed.*						
ID		Signature: TK Burg		Date: 10/13/2015	Date: 10/13/2015			
C 52538		Name (type or print): TK Burg		Title: Human Reso	Title: Human Resource Director			
Processed 10/13/2015 * Electronically provided signatures are accepted as original signatures.								