No. C 113022		Due no later than Dec 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to:				CHRIS DANIEL			
SECRETARY OF STATE	1. Ma	1. Mailing Address: Correct in this box if needed. 1404 N MAIN ST. SUITE 102 MERIDIAN ID 83642					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		ALCOHOL/DRUG COUNSELOR CERTIFICATION, INC. DANIEL X 1548		3. New Registered Agent Signature:*			
	MERID	IAN ID 83680	3. New Registe				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	Business Addres	sses of President, Secretary, and Directors. Treasur	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT MARY	CHRISTY	PO BOX 1548	MERIDIAN	ID	USA	83680	
SECRETARY PAT N	NEESER	PO BOX 1548	MERIDIAN	ID	USA	83680	
5. Organized Under the Laws of:	6. Annua	I Report must be signed.*					
ID	Signat	Signature: Chris Daniel Date: 10/30/2017					
C 113022	Name	Name (type or print): Chris Daniel Title: Executive Director					
Processed 10/30/2017 * Electronically provided signatures are accepted as original signatures.							