| No. <b>C 142542</b>                                                                |                     | Due no later than Feb 28, 2015                                                                  |                                           |               | 2. Registered Agent and Address (NO PO BOX)                                            |       |         |             |
|------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|----------------------------------------------------------------------------------------|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |                     | Annual Report Form  1. Mailing Address: Correct in this box if needed.                          |                                           |               | HEATHER LEACH 13604 FREEMONT AVENUE OROFINO 83544  3. New Registered Agent Signature:* |       |         |             |
|                                                                                    |                     | CLEARWATER SUBSTANCE ABUSE WORKGROUP, INC.<br>SALLIE WILHELM<br>PO BOX 1114<br>OROFINO ID 83544 |                                           |               |                                                                                        |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                           |                     |                                                                                                 |                                           | J. <u>N</u>   |                                                                                        |       |         |             |
| 4. Corporations: Enter Nar                                                         | mes and Busin       | ess Addresses of                                                                                | President, Secretary, and Directors. Trea | asurer (optio | onal).                                                                                 |       |         |             |
| Office Held                                                                        | Name                |                                                                                                 | Street or PO Address                      | Cit           | у                                                                                      | State | Country | Postal Code |
| DIRECTOR                                                                           | SUNNY BALES BALES   |                                                                                                 | P O BOX 1114                              | OR            | OFINO                                                                                  | ID    | USA     | 83544       |
| DIRECTOR                                                                           | JEFF WILSO          | N                                                                                               | PO BOX 2603                               | OR            | OFINO                                                                                  | ID    | USA     | 83544       |
| SECRETARY                                                                          | KELLY REGG          | EAR                                                                                             | 1522 LOSETH RD                            | OR            | OFINO                                                                                  | ID    | USA     | 83544       |
| TREASURER                                                                          | ASURER SALLIE WILHE |                                                                                                 | 13604 FREMONT AVE                         | OR            | OFINO                                                                                  | ID    | USA     | 83544       |
| PRESIDENT                                                                          | STACI TAYL          | OR                                                                                              | P O BOX 1114                              | OR            | OFINO                                                                                  | ID    | USA     | 83544       |
| 5. Organized Under the Laws of:                                                    |                     | 6. Annual Report must be signed.*                                                               |                                           |               |                                                                                        |       |         |             |
| ID<br>C 142542                                                                     |                     | Signature: Sallie A Wilhelm                                                                     |                                           |               | Date: 02/19/2015                                                                       |       |         |             |
|                                                                                    |                     | Name (type or print): Sallie A Wilhelm                                                          |                                           |               | Title: Treasurer                                                                       |       |         |             |
| Processed 02/19/2015                                                               |                     | * Electronically p                                                                              | rovided signatures are accepted as origin | nal signature | es.                                                                                    |       |         |             |