

No. C 94688		Due no later than Mar 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: 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. FAMILY ASSISTANCE IN TRANSITIONAL HOUSING (FAITH), INC. MELODY A BURNS PO BOX 2553 IDAHO FALLS ID 83403		MELODY A BURNS 737 CLEVELAND #1 IDAHO FALLS ID 83401		
				3. <u>New</u> Registered Agent Signature:*		
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
SECRETARY	REBECCA JOHNSON	4260 E 100N	RIGBY	ID	USA	83442
DIRECTOR	KATHY GASKILL	495 TENDRY	IDAHO FALLS	ID	USA	83401
DIRECTOR	RANDY ALLEN	1764 CHARLENE	IDAHO FALLS	ID	USA	83402
DIRECTOR	TARO D GOLDEN, SR	1795 W BROADWAY	IDAHO FALLS	ID	USA	83402
PRESIDENT	MICHAEL E GLASER	793 CLEVELAND	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID C 94688		6. Annual Report must be signed.* Signature: Melody Burns Name (type or print): Melody Burns Date: 03/30/2009 Title: Executive Director				
Processed 03/30/2009		* Electronically provided signatures are accepted as original signatures.				