| No. <b>C 119121</b>   |                            | Due no later than Apr 30, 2015   | 2. Registered  | 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.  INCLUSION VOCATIONAL SUPPORT, INC.  JANNA MILLER  3067 COPPER POINT  MERIDIAN ID 83642 | JANNA CHANEY 3067 COPPER POINT MERIDIAN 83642  3. New Registered Agent Signature:* |   |            |                |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Business    |                            | ess Addresses of President, Secretary, and Directors. Treasure   | r (optional)   |   |            |                |  |
| Office Held   | Name Name                  | Street or PO Address   | City   | State                                       | Country    | Postal Code    |  |
| PRESIDENT<br>SECRETARY  | JANNA MILLI<br>LYLE MILLER |  | MERIDIAN<br>MERIDIAN   | ID<br>ID                                    | USA<br>USA | 83642<br>83642 |  |
| 5. Organized Under the Laws of:   |                            | 6. Annual Report must be signed.*  |  |   |            |                |  |
| ID  |                            | Signature: Janna Miller  | Date: 03/02/2015   |   |            |                |  |
| C 119121  |                            | Name (type or print): Janna Miller   | Title: President   |   |            |                |  |
| Processed 03/02/2015  | ,                          | * Electronically provided signatures are accepted as original sig  | gnatures.  | •   |            | ·              |  |