No. <b>C 69877</b>		Due no later than May 31, 2010		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TOM ROBERTSON  156 2ND AVE W  TWIN FALLS ID 83301			
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.  VOLUNTEERS AGAINST VIOLENCE, INC.  DEBORAH GABARDI PROGRAM DIRECTOR  P. O. BOX 2444  TWIN FALLS ID 83303		N				
				I WIN FALLS				
				3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Name	s and Busine	ess Addresses of Presi	dent, Secretary, and Directors. Treasur	er (optional).				
Office Held Name			Street or PO Address	City	State	Country	Postal Code	
DIRECTOR SHAREE HAMIL' TREASURER JOHN PFEIFER			3612 E. 3920 N.	KIMBERLY	ID	USA	83341	
			2613 4TH AVE. EAST	TWIN FALLS	ID	USA	83301	
SECRETARY MATT PEMBE			2069 FALLS AVE. E	TWIN FALLS	ID	USA	83301	
PRESIDENT JI	ULIE EMERY	·	561 SMOKEY MTN. CIRCLE	JEROME	ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 69877		Signature: Deborah Gabardi		Date	Date: 03/23/2010			
		Name (type or print): Deborah Gabardi		Title	Title: Program Director			
Processed 03/23/2010	* Electronically provided signatures are accepted as original signatures.							