

No. C 202889	Due no later than Jul 31, 2015 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. POSSIBILITIES ABOUND TRANSITIONAL HOUSING, INC. 1117 W FLAMINGO AVE NAMPA ID 83651		JOHN MAXWELL 1117 W FLAMINGO AVE NAMPA ID 83651			
			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
DIRECTOR	JANEEN S MAXWELL	1117 W FLAMINGO AVE	NAMPA	ID	USA	83651-1827
DIRECTOR	NICHOLLE LEPLY	1117 W FLAMINGO AVE	NAMPA	ID		83701
5. Organized Under the Laws of: ID C 202889	6. Annual Report must be signed.* Signature: John P Maxwell Name (type or print): John P Maxwell Date: 07/08/2015 Title: Executive Director					
Processed 07/08/2015		* Electronically provided signatures are accepted as original signatures.				