

|  |                  |  |           |   |         |             |  |
|--|------------------|--|-----------|---|---------|-------------|--|
| No. <b>C 156466</b>  |                  | <b>Due no later than Sep 30, 2013</b>  |           | <b>2. Registered Agent and Address (NO PO BOX)</b>            |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ADVOCATES FOR ADDICTION COUNSELING AND<br>TREATMENT-IDAHO, INC.<br>DENNIS HARDZIEJ<br>PO BOX 724<br>EAGLE ID 83616 |           | VERNON GARRETT<br>366 SW 5TH AVE STE 100<br>MERIDIAN ID 83642 |         |             |  |
|  |                  |  |           | 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   | AMY JEPPESEN     | 8950 W. EMERALD  | MERIDIAN  | ID  | USA     | 83704       |  |
| DIRECTOR   | ELIZABETH LOVELL | 343 E. BONNEVILLE  | POCATELLO | ID  | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 156466</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Dennis Hardziej<br>Name (type or print): Dennis Hardziej<br>Date: 08/29/2013<br>Title: Director  |           |   |         |             |  |
| Processed 08/29/2013   |                  | * Electronically provided signatures are accepted as original signatures.  |           |   |         |             |  |