




INSTRUCTIONS ON REVERSE SIDE

No. 091700 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 Nov 30 4 46 PM '90 SECRETARY OF STATE	Idaho Corporation Annual Report Form Due No Later Than November 1, 1990 1. Mailing Address — Please Correct AERIE ADDICTIONS RECOVERY CENTER, INC. (THE) Dr. Milton Mack 6300 Garrett Street Boise, Idaho 83714	2. Registered Agent and Office Dr. Milton Mack 6300 Garrett Street Boise, Idaho 83714 3. Incorporated Under The Laws of IDAHO																								
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>MILTON F MACK</td> <td>6300 Garrett</td> <td>Boise</td> <td>ID</td> <td>83714</td> </tr> <tr> <td>Secretary:</td> <td>JOYCE MACK</td> <td>6300 Garrett</td> <td>Boise,</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>Directors:</td> <td>DENI MACK (Forrest Denias)</td> <td>4975 Mojave Dr</td> <td>Boise,</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	MILTON F MACK	6300 Garrett	Boise	ID	83714	Secretary:	JOYCE MACK	6300 Garrett	Boise,	ID	83704	Directors:	DENI MACK (Forrest Denias)	4975 Mojave Dr	Boise,	ID	83709
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																					
President:	MILTON F MACK	6300 Garrett	Boise	ID	83714																					
Secretary:	JOYCE MACK	6300 Garrett	Boise,	ID	83704																					
Directors:	DENI MACK (Forrest Denias)	4975 Mojave Dr	Boise,	ID	83709																					
5. Nature of Business Drug/Alcohol TREATMENT Facility	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  Name (Typed or Printed) MILTON F MACK </td> <td style="width: 40%;"> Date 11-30-90 Title PRESIDENT </td> </tr> </table>		Signature  Name (Typed or Printed) MILTON F MACK	Date 11-30-90 Title PRESIDENT																						
Signature  Name (Typed or Printed) MILTON F MACK	Date 11-30-90 Title PRESIDENT																									