

No. C 105626		Due no later than Mar 31, 2017 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		1. Mailing Address: Correct in this box if needed. LEMHI COUNTY CRISES INTERVENTION, INC. SCOTT BRAND THE MAHONEY FAMILY SAFETY CTR 901 MAIN ST SALMON ID 83467-4318		SCOTT BRAND 901 MAIN ST SALMON ID 83467			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
VICE PRESIDENT	JANNA EAGLE	901 MAIN STREET	SALMON	ID	USA	83467-8346	
PRESIDENT	HOLLY BURBANK	901 MAIN STREET	SALMON	ID	USA	83467-8346	
DIRECTOR	BEVERLY HALL	62 BIG FLAT LANE	CARMEN	ID	USA	83462-8346	
DIRECTOR	KENT KRIEGER	214 LEMHI ROAD	SALMON	ID	USA	83467-8346	
TREASURER	JUNE MCKINNEY	901 MAIN STREET	SALMON	ID	USA	83467-8346	
DIRECTOR	RYAN MCALLISTER	901 MAIN STREET	SALMON	ID	USA	83467-8346	
SECRETARY	SARA NORMAN	901 MAIN STREET	SALMON	ID	USA	83467-8346	
5. Organized Under the Laws of: ID C 105626		6. Annual Report must be signed.* Signature: LORI FROEMMING Name (type or print): LORI FROEMMING Date: 05/09/2017 Title: BOOK KEEPER					
Processed 05/09/2017 * Electronically provided signatures are accepted as original signatures.							