No. C 47128	Annual Report Form 1995 Due No Later Than November 30,	2. Registered Agen	t and Office NO	T A P.O. BOX
Return to: SECRETARY OF STATE	Mailing Address - Please Correct, If Not Correct	F. ANN M 204 E MA		:
700 WEST JEFFERSON PO BOX 83720	ELDERLY OPPORTUNITY AGENCY,	3 J 4 E MA	. 1 V	'3
BOISE, ID 83720-0080	P.O. BOX 193	EMMETT	ID	83617
NO FEE REQUIRED		3. Organized Unde	r the Laws of:	
* FIRST NOTICE *	EMMETT ID 33617	15	c 4	7123
Corporations: Enter Names ar Limited Liability Companies: Er	nd Addresses of President, Secretary and Directors nter Names and Addresses of Managers or Members	(check one)		
Office held Name	Street or P.O. Address	City	State	Zip
ecretary reggy	Hodges/Box 249 Council, ID 83612 Fallman/P.O. Box 118 Marsing, II ndon Clark 819 State St. Weis	0 83639	672	4
ecretary reggy	raliman/P.O. Box 118 Marsing, Th	0 83639	672	•
ecretary reggy	rallman/P.O. Box 118 Marsing, II adon Clark 819 State St. Weis 6. I certify that this Annual Report has been a knowledge true, correct and complete.	D 83639 ser, ID 83	nd is to the be	 est of my
ice-Chairman Gler	andon Clark 819 State St. Weis 6. I certify that this Annual Report has been a knowledge true, correct and complete. Signature	D 83639 ser, ID 83 examined by me a	nd is to the be	est of my
NATURE OF BUSINES	6. I certify that this Annual Report has been a knowledge true, correct and complete. Signature ROGRAMS Name (Typed or Doyle Hodger)	D 83639 Ser, ID 83 examined by me a Date	nd is to the be 7-22-96 nairman	st of my
NATURE OF BUSINES	6. I certify that this Annual Report has been a knowledge true, correct and complete. Signature ROGRAMS Name (Typed or Doyle Hodger)	D 83639 Ser, ID 83 examined by me a Date	nd is to the be	est of my
NATURE OF BUSINES	6. I certify that this Annual Report has been a knowledge true, correct and complete. Signature ROGRAMS Name (Typed or Doyle Hodger)	D 83639 Ser, ID 83 examined by me a Date	nd is to the be 7-22-96 nairman	est of my