


No. C 126948	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) PETER S HARVEY 530 BLUE LAKES BLVD N SUITE D TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ADULT, CHILD, AND FAMILY ASSOCIATES, INC. PETER S HARVEY 530 BLUE LAKES BLVD N SUITE D TWIN FALLS ID 83301		3. New Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.			
Office Held	Name	Street or PO Address	City State Country Postal Code
Pres	Peter Harvey	530 Blue Lakes Blvd. Twin Falls ID Ste "D"	Twin Falls ID 83301
Sec	Mary Harvey	Same address	
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 126948</div>		6. Signature: <u></u> Name (type or print): <u>Peter Harvey</u> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>4/22/14</u> Title: <u>Pres.</u> </div> </div>	
Issued 04/18/2014 by JAH			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM