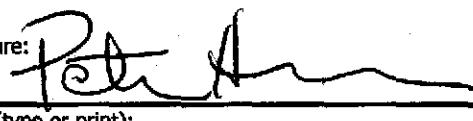


No. C 126948		Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) PETER S HARVEY 530 BLUE LAKES BLVD N SUITE D TWIN FALLS ID 83301	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in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

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM