No. <b>C 94688</b>		Due no later than Mar 31, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  FAMILY ASSISTANCE IN TRANSITIONAL HOUSING (FAITH), INC. PO BOX 2553		MELODY A BURNS 737 CLEVELAND #1 IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE		IDAHO FALLS ID 83403		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Nar	mes and Busine	ess Addresses of Presid	ent, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY	REBECCA JOHNSON		4260 E 100N	RIGBY	ID	USA	83442
DIRECTOR	KATHY GASKILL		495 TENDOY	<b>IDAHO FALLS</b>	ID	USA	83401
DIRECTOR	JACK GASKILL		495 TENDOY	<b>IDAHO FALLS</b>	ID	USA	83401
DIRECTOR	RICHARD ST. CLAIR		605 N CAPITAL AVENUE	<b>IDAHO FALLS</b>	ID	USA	83402
DIRECTOR	RANDY ALLEN		1764 CHARLENE	<b>IDAHO FALLS</b>	ID	USA	83402
DIRECTOR	TARO D GOLDEN, SR		1795 W BROADWAY	<b>IDAHO FALLS</b>	ID	USA	83402
PRESIDENT	MICHAEL E GLASER		793 CLEVELAND	<b>IDAHO FALLS</b>	ID	USA	83401
TREASURER	RONALD RIC	Ë	4475 N AMMON ROAD	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 94688		Signature: Melody Burns		Date: 01/28/2008			
		Name (type or print): Melody Burns		Title: Executive Director			
Processed 01/28/2008 * Electronically provided signatures are accepted as original signatures.							