No. C 189218		Due no later than Nov 30, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO COUNCIL FOR HEALTHY HOMES, INC. JOHN PRICE 5464 S CAPER PL BOISE ID 83716 USA		5464 S CAP BOISE ID	JOHN PRICE 5464 S CAPER PL BOISE ID 83716 3. New Registered Agent Signature:*			
4. Corporations: Enter Nan	nes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	GARY HANES	}	992 E RIVERPARK LN	BOISE	ID	USA	83706	
DIRECTOR	CTOR SARAH WEP		1115 N 6TH	BOISE	ID	USA	83702	
DIRECTOR	DALLAS MILI	LINGTON	107 E 40TH	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 189218		Signature: John Price		Date: 0	Date: 09/13/2011			
		Name (type or print): John Price		Title: F	Title: Registered Agent			
Processed 09/13/2011		* Electronically provided signatures are accepted as original signatures.						