

No. C 69877	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																															
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		TOM ROBERTSON 156 2ND AVE W TWIN FALLS ID 83301																															
	VOLUNTEERS AGAINST VIOLENCE, PROGRAM DIRECTOR P. O. BOX 2444		3. Organized Under the Laws of:																															
	* FIRST NOTICE * TWIN FALLS ID 83303		ID C 69877																															
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																																		
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Nancy Meyer</td> <td>2672 E. 4000 N.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Vice-Pres</td> <td>Melva Heinrich</td> <td>224 12th Ave. E.</td> <td>Jerome</td> <td>ID</td> <td>83338</td> </tr> <tr> <td>Secretary</td> <td>Shelly Robinson</td> <td>319 7th Ave. E.</td> <td>Jerome</td> <td>ID</td> <td>83338</td> </tr> <tr> <td>Treasurer</td> <td>Patsy Alexander</td> <td>3729 N. 1000 E.</td> <td>Buhl</td> <td>ID</td> <td>83316</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Nancy Meyer	2672 E. 4000 N.	Twin Falls	ID	83301	Vice-Pres	Melva Heinrich	224 12th Ave. E.	Jerome	ID	83338	Secretary	Shelly Robinson	319 7th Ave. E.	Jerome	ID	83338	Treasurer	Patsy Alexander	3729 N. 1000 E.	Buhl	ID	83316
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5. NATURE OF BUSINESS SUPPORT FOR VIOLENCE VICTIMS		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Nancy Meyer</i></u> Date <u>7/31/96</u> Name <small>(Typed or Printed)</small> <u>Nancy Meyer</u> Title <u>President</u>																																

ISSUED: 07-06-1996

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