| No. C 128788 | Annual Report Form | | 2. Registered Agent and Office NO PO BOX TERRA HOLBROOK | |
|--|--|------------------------------|---|-----|
| No. C 128788 | | | | |
| Return to: SECRETARY OF STATE | Mailing Address - Correct in this box FAMILY RECOVERY CENTER FOU | , if applicable 589 NOATION, | N WATER AVE | |
| 700 WEST JEFFERSON PO BOX 83720 | TERRA HOLBROOK 589 N WATER AVE | IDAH | IO FALLS, ID 83402 | |
| BOISE, ID 83720-0080 | | 3. New | v Registered Agent Signature | |
| NO FILING FEE IF | IDAHO FALLS, ID 83402 | | | |
| RECEIVED BY DUE DATE | nes and Business Addresses of Pre | esident, Secretary and | Directors. | |
| | Street or P.O. Address ason brook 589 N. Water brook 589 N. Water | City | State <u>Zip</u> | |
| 5. Organized Under the Laws of: IDAHO C 128788 | 6. Signature Almas Name (Typed or Terra | Hollowook | Date 4-30-01 Title: XXXXX Secretar | |
| | | | | 372 |