

No. C 204274		Due no later than Dec 31, 2016		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. JNL FAMILY CRISIS CENTER, INC AVERY KITCHENS 1800 GARRETT WAY STE 7 POCATELLO ID 83201		AVERY KITCHENS 1800 GARRETT WAY STE 7 POCATELLO ID 83201		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	AVERY KITCHENS	698 E UPPER ROCK CREEK ROAD	INKOM	ID	USA	83245
SECRETARY	ARMANDO OROZCO	494 RAVEN WAY D	CHUBBUCK	ID	USA	83202
TREASURER	DANIELLE KITCHENS	698 E UPPER ROCK CREEK ROAD	INKOM	ID		83245
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 204274		Signature: Avery Kitchens Name (type or print): Avery Kitchens			Date: 10/27/2016 Title: President	
Processed 10/27/2016		* Electronically provided signatures are accepted as original signatures.				