

No. C 61958		Due no later than Aug 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. DOMESTIC VIOLENCE SEXUAL ASSAULT CENTER INCORPORATED TEENA R MCBRIDE 1050 MEMORIAL DRIVE MARY L HATCH COMPLEX IDAHO FALLS ID 83402		TEENA MCBRIDE 1050 MEMORIAL DR IDAHO FALLS ID 83402-8340			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
DIRECTOR	IRIS TORVIK	1549 SUMMER WAY	IDAHO FALLS	ID	USA	83404	
DIRECTOR	SHANNA CASPER	1632 GARFIELD STREET	IDAHO FALLS	ID	USA	83401	
DIRECTOR	ALISA PRUDENT	2258 FIRST STREET	IDAHO FALLS	ID	USA	83401	
VICE PRESIDENT	CORY MEYER	1050 MEMORIAL	IDAHO FALLS	ID	USA	83402	
SECRETARY	DAVID FRY	1055 AUSTIN	IDAHO FALLS	ID	USA	83404	
TREASURER	DOUG WINCHESTER	3456 17TH STREET	IDAHO FALLS	ID	USA	83406	
DIRECTOR	LORI PRIEST	1343 HERRING STREET	IDAHO FALLS	ID	USA	83404	
PRESIDENT	ANNA GRUEL	3449 SUN CIRCLE	IDAHO FALLS	ID	USA	83404	
DIRECTOR	DEBORAH WAGONER	1050 MEMORIAL DRIVE	IDAHO FALLS	ID	USA	83402	
DIRECTOR	DONNA NIMMS	1050 MEMORIAL DRIVE	IDAHO FALLS	ID	USA	83402	
DIRECTOR	ANNE O'BRYNE	1050 MEMORIAL DR.	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: ID C 61958		6. Annual Report must be signed.* Signature: Teena NcBride Name (type or print): Teena NcBride					
		Date: 06/18/2018 Title: Executive Director					
Processed 06/18/2018		* Electronically provided signatures are accepted as original signatures.					