No. <b>C 81072</b>		Due no later than Apr 30, 2016  Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:					SHER FOSTER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		10000 100000 100000 100000 100000 100000 100000 100000 100000 10000 10000 10000 10000 10000 10000 10000 10000 10000 1000	221 SOUTH RIVER ST. STE. 1A HAILEY ID 83333  3. New Registered Agent Signature:*			
		CRISIS HOTLINE AND SUICIDE INTERVENTION, INC. (THE) SHER L FOSTER PO BOX 939		(1)				
				3. <u>New</u> Registe				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ROSEMARY	KELLS	PO BOX 4680	KETCHUM	ID	USA	83340	
DIRECTOR	EVE HEART		122 GOLD AVE.	KELLOG	ID	USA	83837	
SECRETARY	Larry you	NG	PO BOX 3839	KETCHUM	ID	USA	83340-3839	
DIRECTOR	LAURIE FITZ	PATRICK	PO BOX 4753	KETCHUM	ID	USA	83340	
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
ID C 81072		Signature: Sher Foster		Date: 0	Date: 04/08/2016			
		Name (type or print): Sher Foster		Title: E	Title: Executive Director			
Processed 04/08/2016		* Electronically provided signatures are accepted as original signatures.						