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| No. C 113022 | Due no later than Dec 31, 2013 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. IDAHO ALCOHOL/DRUG COUNSELOR CERTIFICATION, INC. CHRIS DANIEL PO BOX 1548 MERIDIAN ID 83680 USA | CHRIS DANIEL 66 N HASTINGS DR NAMPA ID 83687 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 | TED WENZEL | PO BOX 1548 | MERIDIAN | ID | USA | 83680 |
| SECRETARY | PAT NEESER | PO BOX 1548 | MERIDIAN | ID | USA | 83680 |
| 5. Organized Under the Laws of: ID C 113022 | 6. Annual Report must be signed.* Signature: Chris Daniel Name (type or print): Chris Daniel | | Date: 10/24/2013 Title: Executive Director | | | |
| Processed 10/24/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | |