

No. C 118121		Due no later than Jan 31, 2011 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. PREGNANCY CRISIS CENTER, INC. MARILYN SCOTT PO BOX 2385 TWIN FALLS ID 83303		MARILYN SCOTT 718 SHOSHONE ST E TWIN FALLS ID 83301		
				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	KURT HEFNER	696 SUNRISE BLVD N.	TWIN FALLS	ID	USA	83301
SECRETARY	KAREN HEFNER	696 SUNRISE BLVD N	TWIN FALLS	ID	USA	83301
SECRETARY	ANDREW BARRY	2514 COBBLESTONE LN	TWIN FALLS	ID	USA	83301
TREASURER	SUSAN BARRY	2514 COBBLESTONE LN	TWIN FALLS	ID	USA	83301
DIRECTOR	MARILYN SCOTT	486 MADRONA ST	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 118121		6. Annual Report must be signed.* Signature: Marilyn M. Scott Name (type or print): Marilyn M. Scott Date: 02/07/2011 Title: Executive Director				
Processed 02/07/2011		* Electronically provided signatures are accepted as original signatures.				