

NO. C113022		Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX CONNIE SEARLES 2419 WEST STATE ST #5 BOISE ID 83702	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *		1. Mailing Address - Please Correct, If Not Correct IDAMO ALCOHOL/DRUG COUNSELOR CONNIE SEARLES 2419 WEST STATE ST #5 BOISE ID 83702		3. Organized Under the Laws of: ID C113022	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Art Phelps	500 S. 11th #4H	Pocatello	ID	83201
Sec.	Patrick Neeser	5440 Franklin #100	Boise	ID	83705
V-Pres.	James Larson	300 Hospital Dr.	Orofino	ID	83544
5. Signature of New Registered Agent		6. <div style="margin-top: 10px;"> Signature <u><i>Connie M. Searles</i></u> Date <u>8/23/99</u> Name (Typed or Printed) <u>Connie M. Searles</u> Title <u>Spec Dir.</u> </div>			

ISSUED: 07-03-1999

20796