

No. C 39069		Due no later than Dec 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALCOHOLIC REHABILITATION ASSOCIATION, INC. JOHN W GASKILL 163 EAST ELVA IDAHO FALLS ID 83402		JOHN W GASKILL 163 EAST ELVA STREET IDAHO FALLS ID 83402		
				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	FORDE JOHNSON	PO BOX 51390	IDAHO FALLS	ID	USA	83405
DIRECTOR	JOHN GASKILL	495 TENDRY	IDAHO FALLS	ID	USA	83401-4135
SECRETARY	CONNIE CARLSON	877 FLORA CIRCLE	IDAHO FALLS	ID	USA	83401-4135
DIRECTOR	BOB MR POULSEN	PO BOX 50225	IDAHO FALLS	ID	USA	83405-4135
DIRECTOR	FAUN MCMURTREY	54 N 4400 E	IDAHO FALLS	ID	USA	83442-4135
DIRECTOR	ARNOLD MCMURTREY	54 N 4400 E	RIGBY	ID	USA	83442-4135
DIRECTOR	FRANK RUPERT	1530 STANGER	IDAHO FALLS	ID	USA	83404-4135
PRESIDENT	MARK SHAW	413 N 3836 E	RIGBY	ID	USA	83422
5. Organized Under the Laws of: ID C 39069		6. Annual Report must be signed.* Signature: John W. Gaskill Name (type or print): John W. Gaskill Date: 01/12/2016 Title: Director				
Processed 01/12/2016		* Electronically provided signatures are accepted as original signatures.				