

No. C 172137	Due no later than Mar 31, 2010 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. PARENTS AND COMMUNITY FOR EXCELLENCE INC. PETER A LIPOVAC PO BOX 942 BLACKFOOT ID 83221 USA	DR CYD CRUE RT 2 BOX 48 EDMO RD POCATELLO ID 83207 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	WAYNE CRUE	RT 2 BOX 48 EDMO RD	POCATELLO	ID	USA	83207
DIRECTOR	VIDAL LAVATTA	PO BOX 833	FORT HALL	ID	USA	83203
DIRECTOR	SHERYL SLIM	MCINTOSH MANOR C-1 IDAHO STATE UNIVERSITY	POCATELLO	ID	USA	83209
DIRECTOR	INEZ PREACHER	RT 2 BOX 33E	POCATELLO	ID	USA	83203
DIRECTOR	DOYLE TETON	PO BOX 418	FORT HALL	ID	USA	83203
DIRECTOR	CYD A CRUE	PO BOX 236	FORT HALL	ID	USA	83203
DIRECTOR	LIONEL BOYER	RT 3 BOX 249	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of: ID C 172137	6. Annual Report must be signed.* Signature: Cyd A. Crue Name (type or print): Cyd A. Crue		Date: 04/17/2010 Title: Agent			
Processed 04/17/2010		* Electronically provided signatures are accepted as original signatures.				