No. C 99662	Due no later than Sep 30, 2000 Annual Report Form	2. Registered Agent and Office **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 applicable IDAHO FALLS RECOVERY CENTER, INC. 1957 E 17TH ST IDAHO FALLS, ID 83404	BARBARA W. MORRIS 1957 E 17TH ST IDAHO FALLS, ID 83404 3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	JACKIE STREET	428 E Center	Shelley	ID	83274
SECRETARY	BARBARA MORRIS	3590 Spring Cir	IF	ID	83404
BOARD CHAIR	BARBARA NELSON, MD	3200 CHANNING #A205	IF	ID	83404
DIRECTOR	DAVID E MOORE, PhD	12383 S. IE	~~Shelley~~ IF	ID	83404
DIRECTOR	STEVE KLIPPERT, MD	1945 E. 17th	IF	ID	83404
DIRECTOR	MARK PETERSON, MD	1945 E. 17th	IF	ID	83404

5. Organized Under the Laws of:

IDAHO
C 99662

6.
Signature Barbara Morris Date 7/20/00
Name (Typed or Printed) BARBARA MORRIS Title: ~~XXXXX~~ SECRETARY

Issued 07/10/2000

Do Not Tape or Staple

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