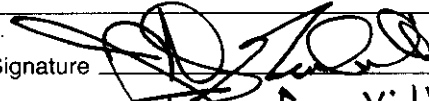


No. C 39069	Due no later than Dec 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable ALCOHOLIC REHABILITATION ASSOCIATIO JOHN W GASKILL 163 EAST ELVA IDAHO FALLS, ID 83402	JOHN W GASKILL 163 EAST ELVA STREET IDAHO FALLS, ID 83402
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	JOHN LEE	2847 E. 700N.	ST. ANTHONY	ID	83445
VICE PRES.	DOYLE OTTESON	3979 N. 5000 E	SUGAR CITY	ID	83448
SEC./TREAS.	CONNIE CARLSON	877 FLORA CIRCLE	Idaho Falls	ID	83401
	FORDE JOHNSON	P.O. BOX 51390	Idaho Falls	ID	83405
	GEORGE PETERSON	485 E. ST.	Idaho Falls	ID	83402
	ARNOLD MCMURTREY	54 N. 4400 E.	Rigby	ID	83442
	KEVIN REINHOLD	883 Shoup Ave.	Idaho Falls	ID	83402
	THERESA CARSON	4398 E. 375 N.	Rigby	ID	83442

5. Organized Under the Laws of: IDAHO C 39069	6. Signature  Name (Typed or Printed) <u>John W Gaskill</u> Date <u>1-10-06</u> Title <u>Registered Agent</u>
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