

No. C 113022	Due no later than Dec 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO 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 FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable IDAHO ALCOHOL/DRUG COUNSELOR CERTIF CONNIE SEARLES 2419 WEST STATE ST #5 270 N. 27th St. Ste B. BOISE, ID 83702	3. <u>New</u> 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>
Pres.	CINDY HANSEN	1787 DELMAN	PRATERLO,	ID	83201
V. Pres	NANCY IRVIN	P.O. Box 5026	COEUR D'ALENE,	ID	83814-1956
Sec/TRE	PATRICK NEESER	5440 FRANKLIN RD. Ste 100	BOISE,	ID	83701

5. Organized Under the Laws of: IDAHO C 113022	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <i>Connie Searles</i></td> <td style="width: 40%;">Date <i>10/17/01</i></td> </tr> <tr> <td>Name (Typed or Printed) <i>Connie Searles</i></td> <td>Title <i>Exec. Dir</i></td> </tr> </table>	Signature <i>Connie Searles</i>	Date <i>10/17/01</i>	Name (Typed or Printed) <i>Connie Searles</i>	Title <i>Exec. Dir</i>
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