

No. <b>C 44939</b>		<b>Due no later than Jan 31, 2008</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  IDAHO ASSOCIATION OF COMMUNITY REHABILITATION PROGRAMS, INC. JERRY BODDEN 2916 ECHO HILLS DR. LEWISTON ID 83501		JERRY BODDEN 2916 ECHO HILLS DRIVE LEWISTON ID 83501			
						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	
PRESIDENT	JOHN BODDEN	484 EASTLUND DR. SOUTH	TWIN FALLS	ID	USA	83301	
SECRETARY	RUSSELL DOUMAS	3803 INDUSTRIAL AVE. SOUTH	COEUR D'ALENE	ID	USA	83815-8916	
DIRECTOR	NANCY JOHN	1704 NORTH MAIN STREET	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:  <b>ID</b> <b>C 44939</b>		6. Annual Report must be signed.*  Signature: Jerry Bodden Name (type or print): Jerry Bodden  Date: 11/19/2007 Title: Consultant					
Processed 11/19/2007		* Electronically provided signatures are accepted as original signatures.					