

No. <b>C 44939</b>	<b>Due no later than Jan 31, 2006</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 0000		JERRY BODDEN 2916 ECHO HILLS DRIVE LEWISTON ID 83501 0000			
			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	MIKE O'BLENESS	555 WEST 25TH STREET	IDAHO FALLS	ID	USA	83402
DIRECTOR	CARA WALSH	3525 ARTHUR STREET	CALDWELL	ID	USA	83605
SECRETARY	CHARLOTTE DASENBROCK	PO BOX 309	CRAIGMONT	ID	USA	83523
5. Organized Under the Laws of:  <b>IDAHO C 44939</b>	6. Annual Report must be signed.* Signature: Jerry Bodden Name (type or print): Jerry Bodden		Date: 12/23/2005 Title: Consultant			
Processed 12/23/2005		* Electronically provided signatures are accepted as original signatures.				