

No. C 105626		Due no later than Mar 31, 2018		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. LEMHI COUNTY CRISES INTERVENTION, INC. SCOTT BRAND THE MAHONEY FAMILY SAFETY CTR 901 MAIN ST SALMON ID 83467-4318		SCOTT BRAND 901 MAIN ST SALMON ID 83467-8346		
				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
VICE PRESIDENT	ABBIE GONGLOFF	901 MAIN STREET	SALMON	ID	USA	83467-8346
DIRECTOR	TRISA CUMMINGS	901 MAIN STREET	SALMON	ID	USA	83467-8346
PRESIDENT	HOLLY BURBANK	901 MAIN STREET	SALMON	ID	USA	83467-8346
DIRECTOR	BEVERLY HALL	62 BIG FLAT LANE	CARMEN	ID	USA	83462-8346
DIRECTOR	KENT KRIEGER	214 LEMHI ROAD	SALMON	ID	USA	83467-8346
DIRECTOR	JUNE MCKINNEY	901 MAIN STREET	SALMON	ID	USA	83467-8346
DIRECTOR	SHARI JENSEN	901 MAIN STREET	SALMON	ID	USA	83467-8346
SECRETARY	SARA NORMAN	901 MAIN STREET	SALMON	ID	USA	83467-8346
5. Organized Under the Laws of: ID C 105626		6. Annual Report must be signed.* Signature: Scott Brand Name (type or print): Scott Brand Date: 01/23/2018 Title: Executive Director				
Processed 01/23/2018		* Electronically provided signatures are accepted as original signatures.				