

No. <b>C 83234</b>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>MARGIE HARRIS</b> <b>134 E MAIN RM 203</b>  <b>REXBURG ID 83440</b>																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct		3. Organized Under the Laws of:  <div style="display: flex; justify-content: space-between;"> <span>ID</span> <span>C 83234</span> </div>																									
	<b>JPPER VALLEY HELP FOR FAMILY</b> <b>MARGIE HARRIS</b> <b>PO BOX 422</b>  <div style="display: flex; justify-content: space-between;"> <span>REXBURG</span> <span>ID 83440</span> </div>																											
* <b>FIRST NOTICE</b> * <b>REXBURG ID 83440</b>																												
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)																												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 15%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>D. WOODFIELD</td> <td>474 REED</td> <td>REXBURG</td> <td>IDAHO</td> <td>83440</td> </tr> <tr> <td>SECRETARY</td> <td>M. NELSON</td> <td>887 N. 3300 E</td> <td>MENAN</td> <td>IDAHO</td> <td>83434</td> </tr> <tr> <td>DIRECTOR</td> <td>M. HARRIS</td> <td>P.O. BOX 2</td> <td>NEWDALE</td> <td>IDAHO</td> <td>83434</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	D. WOODFIELD	474 REED	REXBURG	IDAHO	83440	SECRETARY	M. NELSON	887 N. 3300 E	MENAN	IDAHO	83434	DIRECTOR	M. HARRIS	P.O. BOX 2	NEWDALE	IDAHO	83434
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5. <b>NATURE OF BUSINESS</b>  <b>HELP FOR DOMESTIC VIOLENCE</b>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature: <u>MARGIE HARRIS</u> Date: <u>8/5/96</u> Name (Typed or Printed): <u>MARGIE HARRIS</u> Title: <u>DIRECTOR</u>																										

ISSUED: 07-06-1996

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