No. C 59360		Due no later than Sep 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY ADVOCATE PROGRAM, INC. RICHARD JOHNSON 3010 W STATE ST BOISE ID 83703 USA		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				3010 W STA	RICHARD JOHNSON 3010 W STATE ST BOISE ID 83703 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT	CAROLINE M	IOORE	3010 W STATE ST	BOISE	ID	USA	83703	
VICE PRESIDENT SHERRY IVE		RSON	3010 W STATE ST	BOISE	ID	USA	83703	
PRESIDENT CAREY MCN		EAL	3010 W STATE ST	BOISE	ID	USA	83703	
SECRETARY	ALLEGRA TH	IOMPSON	3010 W STATE ST	BOISE	ID	USA	83703	
TREASURER CORDELL CHIGBROW 3010 W STATE ST BOISE ID USA						83703		
5. Organized Under the Laws of:		6. Annual Repo	t must be signed.*					
ID		Signature: Ri	chard Johnson		Date: 08/11/2014			
C 59360		Name (type o		Title: Ceo				
Processed 08/11/2014 * Electronically provided signatures are accepted as original signatures.								