

No. C 192878	Due no later than Nov 30, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. LIFES BALANCE ALTERNATIVE LIFE SKILLS LEARNING FACILITY COMPANY MELODIE MCBRIDE 9922 N 26 E IDAHO FALLS ID 83401 USA		MELODIE MCBRIDE 9922 N 26 E IDAHO FALLS ID 83401			
			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
DIRECTOR	KATHRYN A SJODIN	4807 RIVERFRONT PL	BOISE	ID	USA	83714
DIRECTOR	NORMAN S SJODIN	4807 RIVERFRONT PL	BOISE	ID	USA	83714
5. Organized Under the Laws of: ID C 192878	6. Annual Report must be signed.* Signature: Melodie McBride Name (type or print): Melodie McBride		Date: 09/19/2017 Title: President			
Processed 09/19/2017		* Electronically provided signatures are accepted as original signatures.				