

No. C 83234		Due no later than Feb 28, 2015		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. FAMILY CRISIS CENTER, INC. MARGIE HARRIS PO BOX 422 REXBURG ID 83440-3510		MARGIE HARRIS 16 E MAIN ST REXBURG 83440		
				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	DEBBIE KUNZ	7 NORTH BRIDGE ST	ST.ANTHONY	ID	USA	83445
DIRECTOR	PAULA ARNOLD	21 N PINE AVE	SUGAR CITY	ID	USA	83448
DIRECTOR	LAURIE JOHNSON	518 W 2ND N	REXBURG	ID	USA	83440
PRESIDENT	CAROL GNEITING	PO BOX 243	NEWDALE	ID	USA	83436
VICE PRESIDENT	DAVE HOPE	758 N 3440 W	REXBURG	ID	USA	83440
TREASURER	MELANEE SUTTON	2327 W 1000 N	REXBURG	ID	USA	83440
DIRECTOR	JEREMY COOLEY	520 W 7TH S. # 110	REXBURG	ID	USA	83440
DIRECTOR	MIKE COURTNEY	219 S. AUSTIN AVE	SUGAR CITY	ID	USA	83440
DIRECTOR	MARGIE HARRIS	PO BOX 826	REXBURG	ID	USA	83440
DIRECTOR	TROY RASMUSSEN	127 E MAIN ST STE A-2	REXBURG	ID	USA	83440
SECRETARY	KATIE MOON	403 N 3826 E	RIGBY	ID	USA	83442
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 83234		Signature: Katie Moon		Date: 12/18/2014		
		Name (type or print): Katie Moon		Title: Financial Officer		
Processed 12/18/2014		* Electronically provided signatures are accepted as original signatures.				