No. C 138344		Due no later than Mar 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SPECIAL NEEDS ADOPTIVE PARENT SERVICES, INC. MARTHA WISER 2399 S ORCHARD ST STE 200 BOISE ID 83705		3494 SWEE BOISE ID	MARTHA M WISER LMSW 3494 SWEETWATER DR BOISE ID 83716 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Rusin		ass Addresses of	Dreeidant Corretow, and Directors Transcur	tor (optional)				
Office Held	Name	ess Addresses or	President, Secretary, and Directors. Treasur Street or PO Address	City	State	Country	Postal Code	
DIRECTOR SECRETARY TREASURER PRESIDENT DIRECTOR	WAYNE IPSEN DEE BOWER KATHERINE EVANS SCOTT STEWART HOLLY BOLINDER		300 E. MALLARD, STE 300 5407 W. FAIRVIEW PO BOX 7 741 W. SUNWOOD CT 1643 E HIGHGATE 5394 N BROOK MIST PL	BOISE BOISE KUNA EAGLE BOISE	ID ID ID ID ID	USA USA USA USA USA	83706 83707 83634 83616 83713	
5. Organized Under the Laws of: ID C 138344		6. Annual Report must be signed.* Signature: Martha Wiser Name (type or print): Martha Wiser		Date: 01/20/2016 Title: Executive Director				
Processed 01/20/2016			provided signatures are accepted as original s	10.0000-00				