No. C 59360	Due no later than Sep 30, 2012 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) NICOLE SIRAK 3010 W STATE ST #104 BOISE ID 83703
Return to: SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	
450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	FAMILY ADVOCATE PROGRAM, INC. NICOLE SIRAK 3010 W STATE ST #104 BOISE ID 83703 USA	
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.		
Office Held Name Street or PO Address City State Country Postal Code President Cordell Chiabrow 1087 W. River St, Ste 310 Boise ID USA 83702		
lvice President 🕝	when I Nelson GOLW. Bannock St Roi	CEID USA 83702
Treasurer carey McNeal 802 W. Bamockst, stello Boise ID USA 83702		
Secretary Shemy Iverson 103 W. State Street Boise ID USA 83702		
5. Organized Under the Laws of: 6.		
IDAHO	Signature:	Date: // // / / / / / / / / / / / / / / / /
C 59360	Name (type or print):	Title: Executive Director
	Nicole Sirak	Executive Director
Issued 07/12/2012 by PEH		124565

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office