

No. C 197538		Due no later than Feb 29, 2016		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. LIFESKILLS RANCH PROGRAM, INC. SABRINA HUME FERRIS 1967 ALDER CREEK LP RD ST MARIES ID 83861		SABRINE HUME FERRIS 1967 ALDER CREEK LP RD ST MARIES ID 83861		
				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	NICHOLAS FERRIS	1967 ALDER CREEK LP RD	ST MARIES	ID	USA	83861
DIRECTOR	SALLY TURNER	1967 ALDER CREEK LP RD	ST MARIES	ID	USA	83861
DIRECTOR	JUDY MUHS	1967 ALDER CREEK LP RD	ST MARIES	ID	USA	83861
DIRECTOR	SABRINA HUME FERRIS	1967 ALDER CREEK LP RD	ST MARIES	ID	USA	83861
5. Organized Under the Laws of: ID C 197538		6. Annual Report must be signed.* Signature: Sabrina H. Ferris Name (type or print): Sabrina H. Ferris Date: 12/29/2015 Title: Director				
Processed 12/29/2015		* Electronically provided signatures are accepted as original signatures.				