

No. C 85602	Annual Report Form <i>Due No Later Than November 30, 1996</i>	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct SANDPOINT AREA SENIORS, INC. LUELLA HOFFINE 820 MAIN STREET	LUELLA HOFFINE 820 MAIN STREET SANDPOINT ID 83864
* FIRST NOTICE *	SANDPOINT ID 83864	3. Organized Under the Laws of: ID C 85602

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Chairman	Lorraine Chambers	820 Main Street	Sandpoint	ID.	83864
V-Chairman	Luella Hoffine	820 Main Street	Sandpoint	ID.	83864
Treasurer	Jessie Maxwell	820 Main Street	Sandpoint	ID.	83864
Secretary	Edith Harbuck	820 Main Street	Sandpoint	ID.	83864

5. NATURE OF BUSINESS TO SERVE SENIORS 60 & UP	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	
	Signature <u>Lorraine A. Chambers</u>	Date <u>7-16-96</u>
	Name (Typed or Printed) <u>Lorraine Chambers</u>	Title <u>Chairman</u>

ISSUED: 07-06-1996

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