No. C 186077		Due no later than Feb 28, 2011			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MARK W COCHRAN 803 W PINE ST SANDPOINT ID 83864 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SANDPOINT REGION HOLISTIC CHAMBER OF COMMERCE, INC. PO BOX 1853		CE,				
NO FILING FEE IF RECEIVED BY DUE DATE		SANDPOINT ID 83864						
4. Corporations: Enter Name	es and Busin	ess Addresses of Pi	resident, Secretary, and Directors. Trea	asurer (c	ptional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY LINDA BAILLIE PRESIDENT MARK W COO DIRECTOR KATHLEEN C		OCHRAN	PO BOX 1853 803W. PINE ST 5415 SELLE RD		SANDPOINT SANDPOINT SANDPOINT	ID ID ID	USA USA USA	83864 83864 83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 186077		Signature: Mark W. Cochran Name (type or print): Mark W. Cochran			Date: 03/10/2011 Title: President			
* Electronically provided signatures are accepted as original signatures.								