No. C 116942 Return to:		Due no later than Oct 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
				DEBBIE L W	DEBBIE L WHEELER		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HANDS OF HOPE NORTHWEST, INC. DEBBIE L WHEELER 1201 S. POWERLINE RD.		1201 S POWERLINE RD NAMPA ID 83686			
NO FILING FEE IF RECEIVED BY DUE DATE		NAMPA ID 83686 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DAVID KIMB	ROUGH	1070 N. WATSON WAY	EAGLE	ID	USA	83616
DIRECTOR	RODNEY GAI	RRETT	17142 FRERICHS LANE	CALDWELL	ID	USA	83607
DIRECTOR	KATHY JOHNSON		926 W. OAKHAMPTON DRIVE	EAGLE	ID	USA	83616
VICE PRESIDENT	GWYNETH BLEDSOE		2365 RIVER OAKS DR.	NAMPA	ID	USA	83686
DIRECTOR	PATRICIA KISSELL		502 S. COOL CREEK CIR	NAMPA	ID	USA	83686
SECRETARY	TOM CLOUGH		1037 SWEETWOOD CIRCLE	NAMPA	ID	USA	83651
PRESIDENT	RANDALL KINGSMORE		4808 S. FERN ST.	NAMPA	ID	USA	83686
TREASURER	CAROLYN H	ESSON	3804 TAYTEN DR.	NAMPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Debbie Wheeler		Date: 08/23/2017			
C 116942		Name (type or print): Debbie Wheeler Title: Executive Director					
Processed 08/23/2017		* Electronically p	rovided signatures are accepted as original s	ignatures.			