

|  |  |   |                                     |       |         |             |
|--|--|---|-------------------------------------|-------|---------|-------------|
| No. <b>C 181334</b>  | <b>Due no later than Dec 31, 2013</b><br><b>Annual Report Form</b>   | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |                                     |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>NATIVE WOMEN'S COALITION, INC.<br>JOSEPHINE HALFHIDE<br>841 E PENNSYLVANIA DR<br>BOISE ID 83706 | JOSEPHINE HALFHIDE<br>841 E PENNSYLVANIA DR<br>BOISE ID 83706<br><br>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   | ROSE BARTON  | 841 E PENNSYLVANIA DR   | BOISE                               | ID    | USA     | 83706       |
| DIRECTOR   | SUNNI BIGDAY   | 841 E PENNSYLVANIA DR   | BOISE                               | ID    | USA     | 83706       |
| DIRECTOR   | DONNA HONEHA   | 841 E PENNSYLVANIA DR   | BOISE                               | ID    | USA     | 83706       |
| DIRECTOR   | MALISSA POOG   | 841 E PENNSYLVANIA DR   | BOISE                               | ID    | USA     | 83706       |
| DIRECTOR   | TERESA MANUELITO   | 841 E PENNSYLVANIA DR   | BOISE                               | ID    | USA     | 83706       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 181334</b>  | 6. Annual Report must be signed.*<br>Signature: Josephine Halfhide<br>Name (type or print): Josephine Halfhide   |   | Date: 12/05/2013<br>Title: Director |       |         |             |
| Processed 12/05/2013   |  | * Electronically provided signatures are accepted as original signatures.                                       |                                     |       |         |             |