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|--|---------------|--|-----------|--|---------|-------------|--|
| No. C 85602 | | Due no later than Jan 31, 2015 | | 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. SANDPOINT AREA SENIORS, INC. NANCY SAVAGE 820 MAIN STREET SANDPOINT ID 83864 USA | | NANCY SAVAGE 820 MAIN ST SANDPOINT 83864 | | | |
| | | | | 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 | |
| PRESIDENT | WENDLE BRUCE | 820 MAIN STREET | SANDPOINT | ID | USA | 83864 | |
| VICE PRESIDENT | SACHT SALLY | 820 MAIN STREET | SANDPOINT | ID | USA | 83864 | |
| TREASURER | KOHNE DOROTHY | 820 MAIN STREET | SANDPOINT | ID | USA | 83864 | |
| SECRETARY | ADELE MARTIN | 820 MAIN STREET | SANDPOINT | ID | USA | 83864 | |
| 5. Organized Under the Laws of: ID C 85602 | | 6. Annual Report must be signed.* Signature: NANCY SAVAGE Name (type or print): NANCY SAVAGE Date: 01/26/2015 Title: BOOKKEEPER | | | | | |
| Processed 01/26/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |