

No. C 100586	Due no later than Dec 31, 2014 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. FAMILY CHILD CARE ASSOCIATION OF KOOTENAI COUNTY, INCORPORATED CHERYL STAFFORD 4201 N STAPLES AVE COEUR D ALENE ID 83815	CHERYL STAFFORD 4201 N STAPLES AVE COEUR D'ALENE 83815 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	SHERRY JACOBS	3417 E. PINEHILL	COEUR D ALENE	ID	USA	83814
DIRECTOR	KATIE STAFFORD	1426 W CORAL DRIVE	COEUR D ALENE	ID	USA	83815
DIRECTOR	MIQUELLE TRAVERSE	4411 N. ARTHUR	COEUR D ALENE	ID	USA	83815
SECRETARY	LINDA FAULK	1722 TULLIS	COEUR D ALENE	ID	USA	83815
PRESIDENT	CHERYL L STAFFORD	4201 N. STAPLES AVE.	COEUR D ALENE	ID	USA	83815
5. Organized Under the Laws of: ID C 100586	6. Annual Report must be signed.* Signature: Cheryl Stafford Name (type or print): Cheryl Stafford		Date: 11/11/2014 Title: President			
Processed 11/11/2014		* Electronically provided signatures are accepted as original signatures.				