No. C 161400		Due no later than Jul 31, 2014		2. Registered Agen	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. NUMERICA CREDIT UNION CINDY LEAVER PO BOX 4000 SPOKANE VALLEY WA 99037		KAREN HANKS											
				8370 N CORNERSTONE DR HAYDEN ID 83835 3. New Registered Agent Signature:*											
								4. Corporations: Enter	Names and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Treasur	er (optional).			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	WES MORTE	ENSEN	507 S LUCILLE CT.	SPOKANE VALLEY	WA	USA	99216								
DIRECTOR	SCOTT CLARK		19608 E. KNOX	LIBERTY LAKE	WA	USA	99016								
DIRECTOR	DAVE SHRIVER		1630 W. RIVERSIDE #102	SPOKANE	WA	USA	99201								
SECRETARY	ADAM BENSON		8 E. 34 TH AVE	SPOKANE	WA	USA	99203								
DIRECTOR	ECTOR YVONNE SMITH		9105 N. JAMES CT.	SPOKANE	WA	USA	99208								
DIRECTOR SUSAN NIELS		SEN	3409 E TARA DRIVE	SPOKANE	WA	USA	99223								
DIRECTOR JOE DAY			2421 E AMY	CHATTAROY	WA	USA	99003								
DIRECTOR	SCOTT PLUMB		15415 E 23 RD	SPOKANE VALLEY	WA	USA	99037								
PRESIDENT	CARLA L ALTEPETER		15118 E RIDGE LN	SPOKANE VALLEY	WA	USA	99037								
SECRETARY	RON HUPP		135 HEATHER LANE	WENATCHEE	WA	USA	98801								
DIRECTOR	ROBIN HARMON		16211 N MADISON RD	MEAD	WA	USA	99021								
5. Organized Under the Laws of: 6. An		6. Annual Report mu	5. Annual Report must be signed.*												
WA		Signature: Cindy Leaver		Da	Date: 07/16/2014										
C 161400		Name (type or print): Cindy Leaver		Title: Cfo											
Processed 07/16/2014		* Electronically provided signatures are accepted as original signatures.													