

No. C 100285	Due no later than Dec 31, 2010 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. DISABILITY ACTION CENTER - NORTHWEST, INC. MARK LEEPER 505 NORTH MAIN ST. MOSCOW ID 83843		VANESSA BACHMAN 505 NORTH MAIN ST MOSCOW ID 83843			
			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	SHIRLEY RINGO	102 HERRINGTON ROAD	MOSCOW	ID	USA	83843
DIRECTOR	KATIE HEIMSCH	122 N. WASHINGTON 1A	MOSCOW	ID	USA	83843
DIRECTOR	MARK LEEPER	1420 NW ORION DR.	PULLMAN	WA	USA	99163
TREASURER	MIKE AYERS	PO BOX 706	GRANGEVILLE	ID	USA	83850
SECRETARY	MIKE AYERS	PO BOX 706	GRANGEVILLE	ID	USA	83850
DIRECTOR	MARGARET COAHRAN	950 N POLK EXT.	MOSCOW	ID	USA	83843
PRESIDENT	MARK GRAVATT	227 SE 5TH ST.	GRANGEVILLE	ID	USA	83530
5. Organized Under the Laws of: ID C 100285		6. Annual Report must be signed.* Signature: Mark Leeper Name (type or print): Mark Leeper Date: 12/23/2010 Title: Executive Director				
Processed 12/23/2010		* Electronically provided signatures are accepted as original signatures.				