No. <b>C 94493</b>		Due no later than Feb 29, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	DEBBIE SAMMONS				
700 WEST JEEEEDSON		ddress: Correct in this box if needed.  ID CLARKSTON PARTNERS IN HABITAT FOR  GOODWIN	3714 20TH STREET LEWISTON ID 83501  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		CLARKSTON WA 99403					
4. Corporations: Enter Names and B	usiness Addresses of	President, Secretary, and Directors. Treasurer	(optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT MEL FRI	Ι	183 SELWAY COURT	LEWISTON	ID	USA	83501	
SECRETARY DEBBIE	SAMMONS	3714 20TH STREET	LEWISTON	ID	USA	83501	
TREASURER DON SC	HEIBE	1632 LAMBERT DRIVE	CLARKSTON	WA	USA	99403	
DIRECTOR BRUCE I	DEVEREAUX	2831 SCENIC HILLS DR.	CLARKSTON	WA	USA	99403	
DIRECTOR MONICA	FLIPPER	432 1ST AVENUE #4	LEWISTON	ID	USA	83501	
DIRECTOR JOYCE F	OBERTS	1671 16TH AVENUE	CLARKSTON	WA	USA	99403	
DIRECTOR JOANNE	MCCORMACK	P.O. BOX 335	ASOTIN	WA	USA	99402	
DIRECTOR WILLIAM	DAEHLING	2127 QUAILRIDGE COURT	CLARKSTON	WA	USA	99403	
DIRECTOR RAND MYKLEBUST		707 RIVERVIEW BLVD.	CLARKSTON	WA	USA	99403	
DIRECTOR BEN THOMPSON		2516 VALLEY VIEW COURT, APT. D	LEWISTON	ID	USA	83501	
DIRECTOR GINA PIPER		7558 SUMMERFIELD DRIVE	LEWISTON	ID	USA	83501	
DIRECTOR JOHN KI	RKPATRICK	2321 ROLLING HILLS DRIVE	CLARKSTON	WA	USA	99403	
5. Organized Under the Laws of:	6. Annual Repor	t must be signed.*					
<b>WA</b> Signatu		ch Goodwin	Date: 12/12/2011				
<b>C 94493</b> Name (type		e or print): Rich Goodwin Title: Executive Director					
Processed 12/12/2011	* Electronically provided signatures are accepted as original signatures.						