No. C 155954 Return to:		Due no later than Aug 31, 2010 Annual Report Form		2. Registered A	Registered Agent and Address (NO PO BOX) VALLEY VISTA CARE			
				VALLEY VIST				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SANDPOINT EXTENDED HOUSING CORPORATION ATTN SANDY KENNELLY CEO C/O VALLEY VISTA CARE 820 ELM ST		ST MARIES	820 ELM ST ST MARIES ID 83861 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		ST MARIES ID 83861 USA						
4. Corporations: Ent	er Names and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	TRASK SILVA		PO BOX 336	ST MARIES	ID	USA	83861	
PRESIDENT			1022 PARK DRIVE	ST MARIES	ID	USA	83861	
SECRETARY JEAN DOHRMAN		59510 S. HWY 97	ST MARIES	ID	USA	83861		
DIRECTOR JOHN THOMSON		1118 S. 4TH STREET	ST MARIES	ID	USA	83861		
DIRECTOR PEG CARVER		2301 CROMWELL DRIVE	ST MARIES	ID	USA	83861		
DIRECTOR	WAYNE FOXWORTH		352 AHRS LOOP	ST MARIES	ID	USA	83861	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 155954		Signature: Kasey Borgman		Date: 06/10/20	Date: 06/10/2010			
		Name (type or print): Kasey Borgman		Title: Director	Title: Director Of Corp Compliance			
Processed 06/10/2010		* Electronically provided signatures are accepted as original signatures.						