No. C 136345 Return to:		Due no later than Nov 30, 2017 Annual Report Form		2. Registere	Registered Agent and Address (NO PO BOX) WITHERSPOON KELLEY DAVENPORT & TOOLE PS			
				0.0000000 0.000000000000000000000000000				
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. ALSC ARCHITECTS, P.S. GAIL A MITCHELL 203 N WASHINGTON 400 LIBERTY BLDG SPOKANE WA 99201			608 NORTHWEST BLVD STE 300 COEUR D'ALENE ID 83814-2174			
				COEUR D				
				3. <u>New</u> Regi	3. New Registered Agent Signature:*			
4. Corporations: Enter N	lames and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Tre	easurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	STEVEN E WALTHER		203 NORTH WASHINGTON SU	JITE 400 SPOKANE	WA	USA	99201	
TREASURER	SURER DAVID L HUOTARI		203 NORTH WASHINGTON SU	JITE 400 SPOKANE	WA	USA	99201	
SECRETARY JEFFREY J WARNER		WARNER	203 NORTH WASHINGTONH S	SUITE 400 SPOKANE	WA	USA	99201	
PRESIDENT RUSTIN L HALL		I ALL	203 NORTH WASHINGTON SL	JITE 400 SPOKANE	WA	USA	99201	
DIRECTOR	KENNETH J MURPHY		203 NORTH WASHINGTON SU	JITE 400 SPOKANE	WA	USA	99201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WA C 136345		Signature: Gail Ann Mitchell		Date: 09/18/2017				
		Name (type or print): Gail Ann Mitchell			Title: Office Manager			
Processed 09/18/2017		* Clastropically provid	ed signatures are accepted as orig	rinal signatures				