No. <b>C 142390</b>		Due no later than Jan 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)  BARBARA R BUSH			
Return to:							
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WA-ID VOLUNTEER CENTER, INC. BARBARA R BUSH 1424 MAIN ST		1424 MAIN ST LEWISTON 83501			
		LEWISTON ID 83501		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Na	ames and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	ALICE WHIT	E	P.O. BOX 82	CLARKSTON	WA	USA	99403
VICE PRESIDENT	CARL KERRICK		604 9TH ST	LEWISTON	ID	USA	83501-0896
TREASURER	KATHY SMOLINSKI		1316 29TH STREET	LEWISTON	ID	USA	83501-0896
DIRECTOR	DONNA CALLAHAN		LCSC, 500 8TH STREET	LEWISTON	ID	USA	83501-0896
DIRECTOR	TIM BARKER		PARKS & RECREATION DEPT. 1424 MAIN STREET	LEWISTON	ID	USA	83501-0896
DIRECTOR	JIM FULLER		ASOTIN COUNTY COMMISSIONER P.C BOX 250	). ASOTIN	WA	USA	99402
DIRECTOR	ROBERT H.	TIPPETT	NEZPERCE COUNTY COMMISSIONER 1225 IDAHO STBRAMMER BLDG.	LEWISTON	ID	USA	83501-0896
5 Organized Under the	Laws of:	6 Annual Penert must	ha signed *				
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Linda R. \	Date: 11/18/2014				
C 142390		Name (type or print): Linda R. Vacura Title: Financial Manager					
Processed 11/18/2014		* Electronically provided	signatures are accepted as original sign	atures.			