

No. C 142015		Due no later than Jan 31, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SPECIALIZED NEEDS RECREATION INC. SPECIALIZED NEEDS RECREATION INC. P.O. BOX 2451 COEUR D'ALENE ID 83816 USA		ANGIE GOUCHER 21182 N CAMPER RD RATHDRUM ID 83814			
				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	
PRESIDENT	JACKI FULLERTON	11769 AVONDALE LOOP	HAYDEN	ID	USA	83835	
VICE PRESIDENT	CHARLENE HOFFMAN	322 N. PROMENADE LOOP B1 09	POST FALLS	ID	USA	83854	
SECRETARY	LAURA ROLFSON	7500 HEARTLAND	COEUR D ALENE	ID	USA	83815	
TREASURER	BREANNE PETROSKIE	3915 N. GRAPHITE COURT	POST FALLS	ID	USA	83854	
DIRECTOR	JEANNIE BRECKENRIDGE	262 KNOTTY PINE	COEUR D ALENE	ID	USA	83814	
DIRECTOR	WENDY CARROLL	6314 N PINEGROVE DR	COEUR D ALENE	ID	USA	83815	
DIRECTOR	JANET WATERDOWN	1311 SEBRINA AVE	COEUR D ALENE	ID	USA	83815	
5. Organized Under the Laws of: ID C 142015		6. Annual Report must be signed.* Signature: Maria-Cristina Jenicek Name (type or print): Maria-Cristina Jenicek Date: 01/25/2017 Title: Administration Assistant					
Processed 01/25/2017		* Electronically provided signatures are accepted as original signatures.					