

No. C 142015		Due no later than Jan 31, 2011 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. ASSOCIATION FOR HANDICAPPED RECREATION, INC. PO BOX 2451 COEUR D'ALENE ID 83816		ANGIE GOUCHER 28128 HWY 41 #33 SPIRIT LAKE ID 83869		
				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
DIRECTOR	CAMRON CUTLER	1205 EVELYN CT	COEUR D ALENE	ID	USA	83815
SECRETARY	CHARLENE HOFFMAN	PONDEROSA LOOP	POST FALLS	ID	USA	83854
DIRECTOR	LAURA ROLFSON	7500 HEARTLAND	COEUR D ALENE	ID	USA	83815
DIRECTOR	DAWN GRILLO	210 RIVERWOOD	POST FALLS	ID	USA	83854
TREASURER	SHEREE COOPER	8119 N. SALMONBERRY LOOP	HAYDEN	ID	USA	83835
PRESIDENT	JACKIE FULLERGON	11769 N AVONDALE LOOP	HAYDEN	ID	USA	83835
5. Organized Under the Laws of: ID C 142015		6. Annual Report must be signed.* Signature: Sheree Cooper Name (type or print): Sheree Cooper		Date: 01/13/2011 Title: Treasurer		
Processed 01/13/2011		* Electronically provided signatures are accepted as original signatures.				