No. <b>C 124136</b>		Due no later than May 31, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  COEUR D'ALENE AREA SWIM TEAM, INC.  BRENDA ERICKSON  PO BOX 846  POST FALLS ID 83877		BRENDA ERICKSON  226 IRONWOOD DR #A2 COEUR D ALENE ID 83814  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		ess Addresses of Pres	ident Secretary and Directors Tre	asurer (	ontional)			
Office Held	Name		Street or PO Address	asarer (	City	State	Country	Postal Code
SECRETARY TREASURER PRESIDENT	MAURISSA ARCHER BRENDA ERICKSON ERIK SMITH		PO BOX 846 PO BOX 846 PO BOX 846		POST FALLS POST FALLS, ID. POST FALLS	ID ID ID	USA USA USA	83877 83877 83877
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Brenda Erickson			Date: 05/10/2018			
C 124136		Name (type or print): Brenda Erickson			Title: treas			
Processed 05/10/2018 * Electronically provided signatures are accepted as original signatures.								