

No. C 196614	Due no later than Nov 30, 2016 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. CIRCLES OF CARING ADULT DAY HEALTH FOUNDATION, INC. HOLLIE MOONEY 588 SE BISHOP BLVD STE D PULLMAN WA 99163	MARY CONNELLY 513 S LINCOLN ST MOSCOW ID 83843				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	SHARON HALL	538 JOHNSON RD	PULLMAN	WA	USA	99163
VICE PRESIDENT	MARCIA SANEHOLTZ	830 S CENTER	PULLMAN	WA	USA	99163
TREASURER	KRISTIN O PRIEUR	925 SE SUNNYMEAD WAY	PULLMAN	WA	USA	99163
SECRETARY	JAN STEWART	1010 SE SPRING	PULLMAN	WA	USA	99163
DIRECTOR	MARY CONNELLY	513 S LINCOLN ST	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID C 196614	6. Annual Report must be signed.* Signature: Callie Brown Name (type or print): Callie Brown		Date: 10/21/2016 Title: Bookkeeper			
Processed 10/21/2016		* Electronically provided signatures are accepted as original signatures.				