No. C 168164		Due no later than Jul 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. COMMUNITY HOMESCHOOL ASSOCIATION OF THE INLAN NORTHWEST INC CONNIE SOVEREIGN 1410 W. YAQUINA DR.		DIANE SAMSON 2380 W DALTON AVE COEUR D'ALENE ID 83815 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	COMMUNITY NORTHWES' CONNIE SO' 1410 W. YAO						
NO FILING FEE IF RECEIVED BY DUE DATE	POST FALLS USA	POST FALLS ID 83854 USA					
4. Corporations: Enter Names and	Business Addresses o	f President, Secretary, and Directors. Treasur	rer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT CONNIE	SOVEREIGN	1410 W. YAQUINA DR.	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	ID Signature: Diane Samson		Date: 05/17/2010				
C 168164	Name (type	Name (type or print): Diane Samson		Title: President			
Processed 05/17/2010	* Electronically	* Electronically provided signatures are accepted as original signatures.					