

No. C 50064		Due no later than Sep 30, 2015 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. LEWIS-CLARK EARLY CHILDHOOD PROGRAM, INC. ALICE WEAVER 1816 18TH AVE LEWISTON ID 83501 USA		ALICE WEAVER 1816 18TH AVE LEWISTON ID 83501		
				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	JESIKKA HENRIOD	816 3RD STREET	CLARKSTON	WA	USA	99403
DIRECTOR	GAYNE NITTA	112 EAST A STREET	MOSCOW	ID	USA	83843
DIRECTOR	REBECCA LOCKHART	2755 27TH STREET	CLARKSTON	WA	USA	99403
DIRECTOR	DAVID SCHLACTUS	803 16TH STREET	LEWISTON	ID	USA	83501
PRESIDENT	BETH PRICE	P. O. BOX 443183	MOSCOW	ID	USA	83844
TREASURER	CAROL MOEHRLE	3142 SCHLEE ROAD	UNIONTOWN	WA	USA	99179
DIRECTOR	MICHAEL COLLINS	621 19TH AVE	LEWISTON	ID	USA	83501
SECRETARY	LORI LOSETH	P.O. BOX 700	CLARKSTON	WA	USA	99403
VICE PRESIDENT	BRYAN HOSSNER	1440 7TH STREET	CLARKSTON	ID	USA	99403
5. Organized Under the Laws of: ID C 50064		6. Annual Report must be signed.* Signature: Karla Rees Name (type or print): Karla Rees Date: 07/21/2015 Title: Executive Assistant				
Processed 07/21/2015		* Electronically provided signatures are accepted as original signatures.				