

No. C 100285		Due no later than Dec 31, 2008		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DISABILITY ACTION CENTER - NORTHWEST, INC. MARK LEEPER 124 E THIRD ST MOSCOW ID 83843		MARK LEEPER 124 E THIRD ST MOSCOW ID 83843		
				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	MARK LEEPER	1420 NW ORION DR.	PULLMAN	WA	USA	99163
TREASURER	BILL FOSTER	PO BOX 8641 APT. 108 CREEKSIDE LN.	MOSCOW	ID	USA	83843
SECRETARY	BILL FOSTER	PO BOX 8641 APT. 108 CREEKSIDE LN.	MOSCOW	ID	USA	83843
DIRECTOR	MARGARET COAHRAN	950 N POLK EXT.	MOSCOW	ID	USA	83843
DIRECTOR	MARK GRAVATT	227 SE 5TH ST.	GRANGEVILLE	ID	USA	83530
PRESIDENT	BRYON BRANTING	410 EAST MORTON	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID C 100285		6. Annual Report must be signed.* Signature: Mark Leeper Name (type or print): Mark Leeper Date: 01/08/2009 Title: CEO/Executive Director				
Processed 01/08/2009		* Electronically provided signatures are accepted as original signatures.				