No. C 119348 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than May 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTH IDAHO TOURISM ALLIANCE, INC. SHARON MATTHEWS PO BOX 64 LIBERTY LAKE ID 99019		2. Registered Ager	2. Registered Agent and Address (NO PO BOX) STEPHANIE SIMS 7066 HELENA ST BONNERS FERRY ID 83805 3. New Registered Agent Signature:*			
				STEPHANIE SIN				
				BONNERS FERR				
				3. <u>New</u> Registered				
1. Corporations: Enter	Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DIANE HIGD	EM	157 W HAYDEN	HAYDEN	ID	USA	83835	
DIRECTOR	DAVE COPE	LAN	10 RIVER ST.	WALLACE	ID	USA	83873	
DIRECTOR	SHIRLEY AC	KERMAN	P O BOX 162	ST. MARIES	ID	USA	83861	
DIRECTOR	MALLORY PI	HILLIPS	10 STATION AVE	KELLOGG	ID	USA	83837	
DIRECTOR	ANNE SWEE	TMAN	P O BOX 929	PRIEST RIVER	ID	USA	83856	
DIRECTOR			PO BOX 174	COOLIN	ID	USA	83821	
PRESIDENT STEPHANIE VICE PRESIDENT DEB WHEEL			P O BOX 920 510 E. 6TH AVE 105 N. 1ST ST.	BONNERS FERRY POST FALLS COEUR D'ALENE	ID ID	USA USA USA	83805 83854 83814	
								DIRECTOR
DIRECTOR	MARC KROE	TCH						P O BOX 1162
DIRECTOR			231 N. THIRD AVE.	SANDPOINT	ID	USA	83864	
SECRETARY			P O BOX 222	HARRISON	ID	USA	83833	
DIRECTOR	AL KYLE		25249 N. HATCH RD	ATHOL	ID	USA	83801	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sharon Matthews Date: 06/18/2018						
C 119348		Name (type or print): Sharon Matthews Title: Grant Manager						
Processed 06/18/2018		* Flectronically pro	ovided signatures are accepted as origina	al signatures.				