| No. C 155377 | | Due no later than Jun 30, 2010 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------------------|---|--|---|----------|------------|----------------|
| Return to: | | Annual Report Form | | EDWIN L LITTENEKER 322 MAIN ST LEWISTON ID 83501 3. New Registered Agent Signature:* | | | |
| 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. COLLEGE ASSISTANCE MIGRANT PROGRAM ALUMNI ASSOCIATION, INC. GLEN G GALINDO 1725 NE UPPER DRIVE PULLMAN WA 99163 USA | | | | | |
| | | | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT SECRETARY | GLEN G GALINDO OFELIA GAMEZ | | 1725 NE UPPER DRIVE 7483 N. FLORA AVE | PULLMAN FRESNO | WA CA | USA USA | 99163 93720 |
| TREASURER MANUEL GUE DIRECTOR NORBERTO E | | | 11490 S.W. TOULOUSE ST. 202 700 BAGLEY ROAD | WILSONVILLE GRANGER | OR WA | USA USA | 97070 98932 |
| DIRECTOR JOAQUIN RAYA | | AYA | 2242 STERN PLACE | STOCKTON | CA | USA | 95206 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Glen Galindo | | Date: 06/08/2010 | | | |
| C 155377 | | Name (type or print): Glen Galindo | | Title: Executive Director | | | |
| rocessed 06/08/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | |