

No. <b>C 196614</b>		<b>Due no later than Nov 30, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> CIRCLES OF CARING ADULT DAY HEALTH FOUNDATION, INC. HOLLIE MOONEY 588 SE BISHOP BLVD STE D PULLMAN WA 99163		BARBARA MAHONEY 225 E PALOUSE RIVER DR 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	MARY CONNELLY	513 S LINCOLN ST	MOSCOW	ID	USA	83843
PRESIDENT	SHARON HALL	538 JOHNSON RD	PULLMAN	WA	USA	99163
VICE PRESIDENT	MARCIA SANEHOLTZ	830 S CENTER	PULLMAN	WA	USA	99163
TREASURER	KRISTIN O PRIEUR	925 SE SUNNYMEAD WAY	PULLMAN	WA	USA	99163
SECRETARY	JAN STEWART	1010 SE SPRING	PULLMAN	WA	USA	99163
DIRECTOR	PEG MOTLEY	1800 NW NICOLE CT	PULLMAN	WA	USA	99163
5. Organized Under the Laws of:  <b>ID C 196614</b>		6. Annual Report must be signed.* Signature: Callie Brown Name (type or print): Callie Brown  Date: 11/13/2015 Title: Bookkeeper				
Processed 11/13/2015		* Electronically provided signatures are accepted as original signatures.				